

FAMILY PHYSICIANS'
OPINION ABOUT THEIR COMPETENCE
IN PRIMARY CARE PRACTICE MANAGEMENT

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Rezumat

Opinia medicilor de familie despre competența lor în managementul practicii de asistență medicală primară

Asistența medicală primară din Moldova se caracterizează prin schimbări rapide în structura sa, în organizarea și dezvoltarea furnizorilor de servicii medicale, a asigurărilor, a piețelor și a structurilor sociale. Aceste schimbări necesită participanți cu competențe înalte la procesul respectiv, pentru a îndeplini sarcinile și atribuțiile necesare. Medicii de familie, în calitate de figură nouă în asistența medicală primară (AMP) din Republica Moldova, sunt legați de un nivel ridicat de incertitudine în ceea ce privește opiniile despre cel mai potrivit sistem de management. Înțelegerea și evaluarea competenței medicilor de familie în domeniul AMP reprezintă un indicator-cheie pentru analiza sistemului de îngrijire a sănătății, care poate fi realizată prin colectarea opiniilor cu privire la factorii care influențează dezvoltarea abilităților personalului medical, ce necesită învățare de lungă durată, formare continuă și monitorizare.

Unul dintre obiectivele acestui studiu a fost evaluarea opiniei medicilor de familie cu privire la propriile lor competențe în managementul practicii de asistență medicală primară, pentru a asigura o bună îngrijire a diferitelor categorii de pacienți.

Studiul se bazează pe evaluarea opiniei medicilor de familie referitor la dezvoltarea practicii medicinii de familie în Republica Moldova, cu scopul de a estima situația actuală în ceea ce privește practica, punctele sale forte și problemele cu care se confruntă, în speranța că constatările făcute ne vor ajuta să evidențiem unele probleme și să găsim recomandările potrivite pentru a îmbunătăți practica medicinii de familie și, în special, sistemul de sănătate din Republica Moldova.

140 de medici de familie au participat la studiu, iar rezultatele acestuia indică faptul că competența în organizarea serviciilor de asistență medicală primară este înalt apreciată de 84.3% din medicii de familie. Rezultatele studiului arată, de asemenea, că medicii au niveluri de competență foarte diferite în diverse domenii: sănătate mintală, reabilitarea pacienților cu boli cronice, tratarea dependenței de droguri și a dependenței de alte substanțe, tratarea alcoolismului, a leziunilor și a traumatismelor. Am încercat să sugerăm anumite recomandări potrivite pentru îmbunătățirea rolului și a competenței medicilor de familie.

Cuvinte-cheie: asistență medicală primară, managementul practicii, medici de familie, competență, opinie.

Резюме

Мнение семейных врачей о своей компетентности в управлении практикой первичной медицинской помощи

Первичное здравоохранение в Молдове характеризуется быстрыми изменениями в его структуре, организации и развития поставщиков услуг, страхования, рынков и социальных структур. Эти изменения требуют, чтобы высококомпетентные участники процесса выполняли необходимые задачи и обязанности. Семейные врачи, как новая фигура в первичном здравоохранении в Молдове, связаны с высоким уровнем неуверенности высказываемых мнений и сомнениями по поводу самой подходящей системы управления. Понимание и оценка компетентности семейного врача в области Первичной Медицинской Помощи – ключевой индикатор к анализу системы здравоохранения, который может быть проведен, путем сбора мнений относительно факторов, влияющих на развитие у персонала навыков, которые требуют длительного образования, непрерывного обучения и развития.

Одна из задач исследования состояла в том, чтобы оценить мнение семейных врачей относительно их собственной компетентности в управлении практикой первичной медицинской помощи, в обеспечении надлежащей заботы о различных категориях пациентов.

Исследование основано на оценке мнения семейных врачей относительно развития практики семейной медицины в Молдове, с целью оценить текущую ситуацию, касающуюся практики, ее сильных сторон, проблем, в надежде, что полученные данные, могут помочь осветить некоторые проблемы и найти подходящие рекомендации для усовершенствования практики семейной медицины, особенно, и Системы Здравоохранения Республики Молдова.

140 семейных врачей участвовали в исследовании, и результаты указывают, что компетентность в организации услуг в первичном здравоохранении оценена семейными врачами высоко – 84.3%. Результаты исследования показывают различный уровень компетентности врачей в различных областях организационной деятельности, таких как: реабилитация хронических пациентов, лечение алкоголизма и других зависимостей, лечение травм и ранений и других. Мы попробовали предложить некоторые рекомендации, подходящие для укрепления роли и повышения компетентности семейных врачей.

Ключевые слова: первичная медицинская помощь, управление практикой, семейные врачи, компетентность, мнение.

Summary

The primary health care in Moldova is characterized by rapid changes in its structure, in the organization and development of care providers, of insurance, markets and social structures. These changes require high competence participants of the process to carry out the necessary tasks and duties. Family physicians, as a new figure in the primary health care (PHC) from Moldova, are linked to a high level of uncertainty regarding the opinions about the most suitable management system. Understanding and assessing the competence of family physicians in the field of PHC is a key indicator for the analysis of the health care system, which can be conducted by gathering opinions on the factors influencing the development of abilities in the personnel that require long instruction, continuous training and follow-up.

One of the objectives of the study was to evaluate the opinion of family physicians about their own competence in the primary health care practice management, in order to ensure proper care of various categories of patients.

The study is based on the evaluation of family physicians' opinion regarding the development of family medicine practice in Moldova, in order to assess the current situation concerning the practice, its strengths and problems, in the hope that the findings made will help us to highlight some of the problems and to find suitable recommendations for the improvement of the family medicine practice and, in particular, of the health system of the Republic of Moldova.

140 family physicians took part in the study, the results indicating that the competence in organizing services in the primary health care is highly valued by 84.3% of the family physicians. The results of the study have also shown different levels of doctors' competence in various fields such as: mental health, rehabilitation of chronic patients, treatment of drug addiction and addiction to other substances, alcoholism treatment and trauma and injury treatment. We tried to suggest some suitable recommendations for improving the role and the competence of family physicians.

Key words: primary care, practice management, family physicians, competence, opinion.

Background

In this study, we explore the opinion of Moldovan family physicians about issues related to the competence in the management of their daily practices in the primary health care.

The word **competence** has been widely defined. Schroder (1989) defines competences quite simply

as "personal effectiveness skills". Others consider competences as being linked to personality and therefore, within the context of the intended research on input factors, potentially impact on the understanding of managerial performance and effectiveness. Nordhaug and Gronhaug defined the concept of competence as one of the most diffuse terms in the organizational and occupational literature (Nordhaug and Gronhaug, 1994). This definition of competence refers to a set of skills that an individual must possess in order to be capable of satisfactorily performing a specified job. Although the concept is well-developed, there is continuing debate about its precise meaning mostly in the human resource (HR) function, and more particularly of "strategic competence management".

According to Young, competence is what a manager is required to do – the job activities (functions, tasks). These in turn lead to performance of the individual [manager] (Young 2002). Competence can be seen as professional competence. In his seminal work "The Reflective Practitioner", Schön (1983) attempts to define the nature of professional practice. He challenges the orthodoxy of technical rationality – the belief that professionals solve problems by simply applying specialist or scientific knowledge. The primary competence of any professional is the ability to reflect – this being key to acquiring all other competencies in the cycle of continuous improvement.

Examining the public health sector and the health centres, as well as any other institutions, we can see that the competence is used in the long run as a critical element to achieve strategic goals. In this study, we try to show that physicians' competence is considered to be the core for providing services and contributing to the success of the primary health care. The results are analyzed and the interpretations are made on the basis of physicians' own opinion in the case of Moldova, a country that has experienced a transition in the health care system during the last 15 years.

The primary health care in Moldova is characterized by rapid changes in its structure, in the organization and development of care providers, of insurance, markets and social structures. It is also a sector with various types of services and activities, based on continuously developing skills of the personnel, which require long instruction, continuous training and follow-up.

In a country experiencing health care transition as Moldova, there is an apparent contradiction between uncertainty, which makes planning difficult, and the necessity to plan new competence development with long response times. This contradiction

cannot be solved if competences are defined in a static way, as structural attributes of family physicians and other actors in the field.

We used a field study based on the semi-structured analysis to investigate how physicians are rating their own competence in the tasks and duties they are performing in their everyday practice.

The study aimed to provide an accurate presentation of the competences available in the PHC services from Moldova. We also tried to suggest some suitable recommendations for family physicians' continuous (re)interpretation of present and future work environments and needs in terms of critical competences.

As a conclusion, we suggested certain methods and recommendations for improving the competence level in the field of PHC in Moldova. The successful management of physical illness often requires an extension in the content of medicine to include the management of cognitive, other psychological and social factors (Donabedian 2000). But when working environments are reflective factors of lack of the appropriate needed skills, it is necessary to move towards a holistic approach in improving the physicians' working environment. By having competence development as a key element, this approach will help family physicians to define the competence needed and to make sense of the situations in which they are involved.

Competence components can be classified into four major elements:

1. **Skills:** capabilities acquired through practice. It can be a managerial skill such as administration, financial skill such as budgeting or a verbal skill such as making demonstration or presentation.

2. **Knowledge:** understanding acquired through learning. This refers to a body of information relevant to job performance. It is what physicians have to know to be able to perform a job, such as knowledge of required policies and procedures for performing a task or complying with work process requirements.

3. **Personal attributes:** inherent characteristics which we brought to the job, representing the essential foundation upon which our knowledge and skills can be developed.

4. **Behaviour:** the observable demonstration of some competency, skill, knowledge and personal attributes.

Competence management may differ among different settings, as content management in the practice of primary care is different depending on the primary health care, the traditions and the customs in different countries, the degree of competence of

the family doctors and the motivation to be involved in managerial activities (Kekki 1994).

It is clear that what constitutes competence is dependent on prior specification of a social-organizational context for assessment (Donabedian 2000). The key to understanding competence in the field of PHC is that although it incorporates a health system component, it also involves the governance process inside the health centre or organization (the quality of relationships across functions, across units) and collective learning across levels and functions inside the health care facility.

Objectives

The main **aim** of the study was to evaluate the opinion of family physicians about their own competence in the primary health care practice management.

Research methods

Prior to the study design, the **tasks** set included the following:

1. Identifying the management skills of family physicians that are needed to ensure proper care of various categories of patients.

2. Assessing the competence of family physicians in primary health care practice management.

We designed the study layout for assessing the family physicians' opinion about the development of family medicine practice in Moldova in order to evaluate the current situation concerning the practice, its strengths and challenges, in the hope of coming up with findings that might help us to highlight some of the challenges and to find suitable recommendations for the improvement of the family medicine practice and, in particular, of the health system of the Republic of Moldova.

According to the available data on 1st January 2008, there were 2001 qualified family physicians in Moldova. After a random selection, about 20% of the total number of physicians were included in the study. The study questionnaire was designed and sent to the 358 randomly selected family physicians. Family physicians from all the geographical parts of the country (North, Centre, South) were included in the study sample. It also encompassed both physicians who worked as medicine practitioners and who occupied managerial positions.

Following the procedure of distributing the questionnaire and collecting responses from family physicians, 140 questionnaires were filled in and returned. The statistical analysis program SPSS, version 15.0, was used for data collection, data registration and statistical analyses.

Studied materials

In this research work, we assessed the family physicians' opinion about professional competence in the primary health care practice management. The questionnaire conducted included the following topics: rehabilitation of chronic patients, treatment of acute mental problems (except suicide), treatment of drug addiction and addiction to other substances, alcoholism treatment, treatment of acute injuries and trauma, and description of electrocardiogram recording. The authors' focus of attention was the primary health care service and ensuring good access of population to health care and medical services.

Results

The age of the family physicians who took part in the study ranged from 28 to 73 years. For this reason, physicians were divided into age groups, with intervals of 10 years in decreasing order, starting with 1988. Up to 2.1% of the family doctors who participated in the study were younger than 30 years of age, another 27.9% were 30 to 40 years of age, and the same share of 27.9% of the doctors were aged between 40 and 50 years. A third of the respondents (34.3%) were aged between 50 and 60 years, 7.8% of the family physicians participating in the study were aged over 60 years and only 1.4% of them had more than 70 years of age.

The data submitted by the doctors have shown that 43 of them or 30.7% received training through one-year internships. The majority of physicians (71.4%) followed specialized retraining programs that lasted 6 months, which allowed them to be certified as family physicians. Only a tenth of the respondents (10.7%) were trained in the 3-year family medicine residency program, which allows a multilateral training in the field.

Before the implementation of family medicine in the country, 65 % of the physicians who took part in the study had another professional position. The information offered allowed us to find out that 25.5% of the physicians have previously practised internal medicine, 25.1% of them were pediatric physicians, 2.9% were neurologists, 1.4% – military doctors and 1.4% – dentists. The same share of 0.7% have practised cardiology, physiopulmonology, traumatology/orthopedics, obstetrics/gynecology or have worked in units of infectious diseases or emergency medical services.

Prior to the introduction of family medicine as a speciality in our country, doctors' experience was focused on clinical work. With the implementation of primary health care, the work of the family physicians and of their team has changed. At present,

physicians are required to demonstrate managerial skills for organizing, directing and coordinating appropriate care for their patients, also involving other professionals in their work. Physicians were asked to determine the extent to which they possess managerial skills that enable them to effectively take care of patients with different problems. Their answers were arranged on a 5-level scale: 1) "Very good", 2) "Good", 3) "Fair", 4) "Poor" and 5) "No comment".

First, the authors were interested to find out how competent family doctors are in the organization of primary health care services. The responses given show that the competence in organizing primary health care services was assessed as "Very good" by 27.9% of the doctors, as "Good" by more than half of the respondents (56.4%), as "Fair" by 13.6% and as "Poor" by 0.7% of them. Two people could not respond to this question.

The other part of the questionnaire focused on the primary health care management. Therefore, the authors were interested in the answers of the respondents according to their professional position, i.e. managers or ordinary family doctors. The replies received show that 5.6% of the managers and 15 % of the doctors have evaluated their skills in the primary health care sector as "Fair", while 0,8% of the doctors answered that their skills were "Poor". Also, 10.5% of the male physicians and 16 % of the female family physicians considered themselves not sufficiently competent in the organization of PHC services.

Speaking about ensuring good access to public health services, 27.9% of the doctors said they were very competent in this field, 60% of the participants in the study assessed their competence as "Good", 10.7% of the physicians as "Fair" and 1.4% of the respondents appraised their ability to provide good access to public services as "Poor". 94.7% of the managers stated that they are able to provide good public access to PHC services, while 11.7% of the physicians replied that their abilities in this domain are "Fair" and 1.7% estimated them as "Poor". Among those who were not confident in their abilities to provide to the population good access to medical services, 7.9% were male family physicians male and 13.8% were female.

Home care is one of the services which is based on collaboration with other specialists. The vast majority of the doctors (95 %) claim to possess "Very good" skills (32.9% of the respondents) and respectively "Good" skills (62.1% of the respondents) in organizing support at home (Figure 1). Less self-confident were 3.6% of the people from rural areas, which assessed their skills as "Fair"; 0.7% of the doctors considered that their abilities in this field are "Poor" and also 0.7% of them gave no answer.

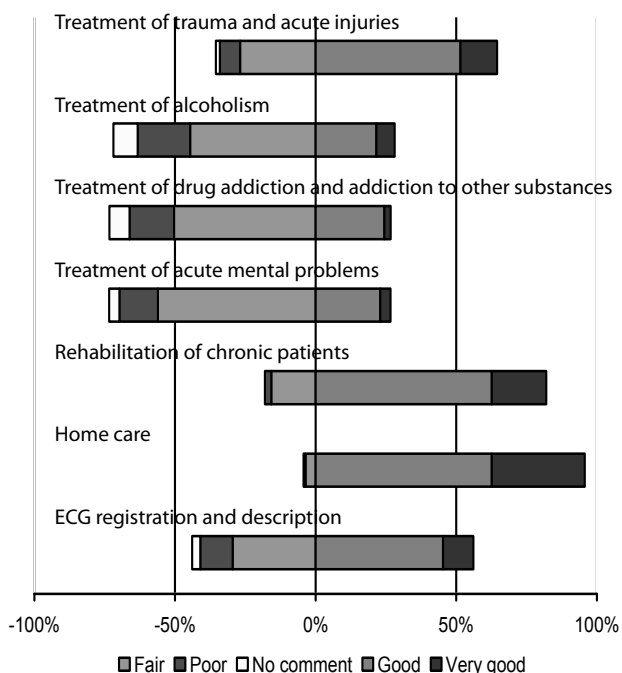


Figure 1. Primary care practice management skills according to the opinion of family physicians.

Rehabilitation of chronic patients appears to be an area in which family physicians have limited experience. However, 81.4% of them argued that they have “Very good” skills (19.3% of the respondents) and respectively “Good” skills (62.1% of the respondents) in the rehabilitation of chronic patients (figure 1). Almost every sixth doctor (15.7% of them) possesses “Fair” skills, 2.1% have “Poor” skills and 0.7% of them did not answer. According to the professional position, 22.2% of the doctor-managers responded that they have “Fair” skills for managing the process of rehabilitation of chronic patients. Moreover, 14.9% of the doctors evaluated their competences in this area as “Fair” and 2.5% of them appraised them as “Poor”.

The competence of family physicians was assessed on three aspects: treatment of acute mental problems (except suicide), treatment of drug addiction and addiction to other substances, treatment of alcoholism. The results, based on the responses received, are presented in the table below. Due to their specificities, the authors have united these problems in a block (table 1).

Block questions about the treatment of acute mental problems, the treatment of drug addiction and addiction to other substances and the treatment of alcoholism were more complicated for ordinary doctors than for managers. The distribution of responses is shown in the table below (table 2). Out of the total number of family physicians who did not know the procedure for the registration and description of the electrocardiogram (ECG), 5.3% were male and 17.8% were female.

Table 1

The competence of family physicians in the treatment of acute mental problems (except suicide), the treatment of drug addiction and addiction to other substances and the treatment of alcoholism (%)

Activities	Scale of responses				
	Very good	Good	Fair	Poor	No comment
Treatment of acute mental problems (except suicide)	3,6	22,9	55,7	13,6	3,6
Treatment of drug addiction and addiction to other substances	2,1	24,3	50,0	15,7	7,1
Treatment of alcoholism	6,4	21,4	44,3	18,6	8,6

Table 2

The competence of family physicians in the treatment of acute mental problems (except suicide), the treatment of drug addiction and addiction to other substances and the treatment of alcoholism, according to the professional position (%)

Approached field	Professional position	Scale of responses				
		Very good	Good	Fair	Poor	No comment
Treatment of acute mental problems (except suicide)	Family doctor	2,5	19,8	58,7	14,9	4,1
Treatment of drug addiction and addiction to other substances	Manager	11,1	44,4	38,9	5,6	0
	Family Doctor	1,7	21,5	52,1	17,4	7,4
Treatment of alcoholism	Manager	5,6	44,4	38,9	5,6	5,6
	Family Doctor	5,8	19,8	44,6	20,7	9,1
	Manager	11,1	33,3	44,4	5,6	5,6

Among the physicians who have problems with the treatment of acute mental problems, the treatment of drug addiction and addiction to other substances as well as the treatment of alcoholism, there were more female than male who said to have “Poor” skills in the field or did not answer the question at all. The data are presented in the table below (table 3).

Doctors have shown themselves more confident in the treatment of trauma and acute injuries. From all the answers received, nearly two thirds of the physicians (63.6%) considered that they possessed “Good” skills (50.7% of the respondents) or “Very good” skills (12.9% of the respondents) in dealing with the above mentioned problem. Also, 26.4% of the doctors evaluated their abilities as “Fair” and 7.1% of them as “Poor”, while a small number of responses – 1.4%, showed that some doctors do not have skills in the field at all (figure 1).

The number of managers, who consider themselves competent in the treatment of trauma and acute injuries, was considerably higher in comparison with that of doctors – 89.9% and 60.8% respectively. Speaking about competence according to gender, 97.4% of the respondents who declared to be proficient in this field were male and 89% were female.

Registration and description of electrocardiogram (ECG) is one of the doctors' daily activities for which 10.7% of them have "Very good" skills, 45% – "Good" skills and 29.3% – "Fair" skills (figure 1). Despite numerous trainings conducted in the field, 11.4% of the doctors have stated that their abilities in recording and describing the electrocardiogram are "Poor". No difference was observed between the responses given by ordinary doctors and by those who work as managers. Therefore, 11.6% of the ordinary physicians and 11.1% of the managers admitted to have little competence in the field, while 3.3% of the doctors declared they had no skills at all for the registration and description of ECG.

Table 3

The competence of family physicians in the treatment of acute mental problems (except suicide), the treatment of drug addiction and addiction to other substances and the treatment of alcoholism, according to gender (%)

Approached field	Gender	The level of working competence				
		Very good	Good	Fair	Poor	Not at all
Treatment of acute mental problems (except suicide)	Male	10,5	28,9	52,6	7,9	0
	Female	1,0	20,8	57,4	15,8	5,0
Treatment of drug addiction and addiction to other substances	Male	7,9	26,3	52,6	10,5	2,6
	Female	0	23,8	49,5	17,8	8,9
Treatment of alcoholism	Male	18,4	18,4	47,4	10,5	5,3
	Female	2,0	22,8	43,6	21,8	9,9

Discussions

Before the introduction of family medicine as a speciality in our country, doctors' experience was focused on clinical work. With the implementation of primary health care activities, the work of the family physicians and of their team underwent some changes. At present, physicians are also required to demonstrate managerial skills. In the study conducted, physicians were asked to determine the extent to which they possess managerial skills that enable them to effectively take care of patients with different problems. As the results show, the majority of the doctors consider that possessing good managerial skills helps them better organize the services of primary

health care and enhance the public access to these services.

Testing for competence is a broad and complex subject (Donabedian, 2000). The difference between certificate and competence is that certificate can stand-alone for certain periods of time and certain disciplines; the competence, on the other hand, is getting consistently high yields in understanding the requirements and performing the skills and knowledge gained. The process of converting good knowledge into high performance requires multiple factors and multiple functions to work very closely. And the recognition that competence represents tacit as well as explicit learning and the cumulative knowledge base involving a large number of people is critical to understanding core competence. Technical capabilities, as stand alone skills, are not the key to understanding core competencies. Competence is embedded in the whole organization (Prahald, 1993).

The answers indicate that the competence in organizing services in the primary health care is highly valued by 84.3% of the family physicians. As far as the issue of ensuring good access to public health services is concerned, 87.9% of the doctors stated to be very competent in this domain. In the case of managers, 94.7% of them said they were able to provide good public access to PHC services, while every seventh physician considered that he/she had "Fair" or "Poor" skills. Among those who were not confident in their abilities to provide to the population good access to medical services, 7.9% were male family physicians male and 13.8% were female.

Home care is one of the compartments which is based on collaboration with other specialists. The vast majority of the doctors (95 %) claim to possess "Very good" and "Good" skills in this sphere. Home visits have been and continue to be a common practice for doctors who have worked in the old system of primary health care, before the implementation of family medicine.

Rehabilitation of chronic patients seems to be an area where family doctors have little experience. However, 81.4% of them stated that they have "Very Good" and "Good" skills for handling this task. According to the professional position, 22.2% of the doctor-managers responded that they have "Fair" skills for dealing with the process of rehabilitation of chronic patients. Also, 14.9% of the doctors appraised their abilities in this field as "Fair", while 2.5% of them said they were not very well familiar with it.

The competence of family physicians was assessed on three aspects: treatment of acute mental problems (except suicide), treatment of drug addiction and addiction to other substances, treatment of alcoholism. Due to their specificities, the authors

have united these problems in a block. The results of the study conducted show that the level of doctors' competence is almost similar in all three areas. One fourth of the physicians stated they had no activities in the field at all. According to the position held by the respondents, managers have demonstrated better managerial skills in comparison with doctors.

The family physicians have decided to treat trauma and injuries with more confidence. Nearly two-thirds of all the responses confirm that they possess "Good" or "Very good" skills in this sphere. The number of managers, who consider themselves competent in the treatment of trauma and acute injuries, was considerably higher in comparison with that of doctors – 89.9% and 60.8% respectively.

Conclusions

The results of the study we conducted have shown that male family physicians are more confident than female in demonstrating managerial skills.

As we have seen, doctors possess different levels of competence in performing their job. The developmental challenge for family physicians, health centres, health authorities and societies is to understand the interdependence of these levels and act to develop each of them appropriately, while keeping the whole in mind. These developmental challenges to sustaining competence can be classified into three categories:

1. **Supporting Wholeness.** Health centres cannot sustain themselves as communities or as service organizations unless they become capable of thinking and planning as part of the whole system and perspective.
2. **Discipline and Mastery.** Fulfilling the requirements in conducting daily practices in the discipline and mastering tasks and obligations, so that the community and the individuals within it move towards optimum professional competencies, satisfaction and aligned organizational objectives.
3. **Social Responsibility.** The PHC services are not standing alone; they are part of the community and they have to sustain the relation with neighbourhoods and to be responsible for the larger community they are serving.

Analysing the current situation of the family physician's practice in Moldova, we can highlight some major problems and deficiencies that need to be solved:

1. There is a lack of a competence development program;
2. There is a lack of competence profiles. Job descriptions are available, but not a detailed and well-structured competence catalogue;
3. The centralized training process is time-consuming and a better effectiveness is desired;
4. There is no centralized knowledge management system, e-learning is not used;
5. There are no/few detailed materials, instructions and training plans for senior family physician practitioners.

The role of the Ministry of Health is very essential in creating and developing the competences needed to provide excellent PHC services. The role of top management is more essential in energizing the whole PHC sector – all people, at all levels, in all functions and in all parts of the world. This process involves developing a shared mindset and shared goals and developing strategies for acquiring competency.

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