

Health Worker Registry Subcommunity Calls

Call Information

When

Effective February 2022, calls for the OpenHIE Health Worker Registry subcommunity take place on an ad hoc basis and center on topics brought forward by community members. To suggest a topic, please post it to Discourse and tag Dana Acciavatti.

How to Join

Join from PC, Mac, Linux, iOS or Android: <https://iu.zoom.us/j/369646352?pwd=ak1XbmprdBuQnRZOWszWU91VHdyUT09>

Or Telephone: Dial: +1 646 558 8656 (US Toll) or +1 669 900 6833 (US Toll)

Meeting ID: 369 646 352

International numbers available: <https://zoom.us/j/5RO8evcS>

Resources:



Archive of calls from previous years



For links to Health Worker Registry community resources [CLICK HERE](#)

Health Worker Registry Subcommunity Goals

The OpenHIE - Health Worker Registry subcommunity works to;

1. Identify and document country or system-level user stories, use cases and functional requirements for exchange of health workforce information based on participant experiences and/or needs.

- One already identified use case is a central level health worker registry that can serve as a canonical source of health workers in a country
- Use cases may be further divided into data source and data consumption use cases.
- Use cases should include interoperability with other OpenHIE registry products to support collective operation as a whole.

2. Build consensus on data exchange profiles and standards for the Health Workforce Information domain, identifying and addressing any gaps in recommended profiles in meeting documented user stories.

- Identify possible health workforce information profiles (e.g. HPD – being implemented in Rwanda and Zimbabwe)
- Evaluate profiles and standards
- Select one or more profiles we can all invest time to support
- Extend profiles and standards through appropriate consensus-driven processes to fill gaps

3. Support development of one or more reference implementations of the profiles and standards in support of the documented user stories

- At least one of the reference implementations should address the central provider registry use case.
- Other reference implementations may include different data consumer and data source use cases
- Country implementation activities could then choose among the reference implementations OR take standards and guidance and build their own as long as they have full access to associated standards and profiles.

To participate in the Health Worker Registry Subcommunity, please visit <https://discourse.ohie.org> to join the conversation.