**Provider Registry -> Health Worker Registry**

The PEPFAR OpenHIE Provider Registry was originally conceived as a health care provider validation mechanism to support messages related to clinical care events in an open health information exchange (OpenHIE).  This  OpenHIE model was implemented in Rwanda and envisioned to be a resource to other countries seeking to deploy a national health information exchange.  As the provider registry work and community has evolved, it has become evident that this original conception limits the utility of the resource and constrains the larger vision that countries have for a provider registry.

When countries imagine their national provider registry, they are not limiting their vision to clinical care providers, but instead imagine a master registry of all health workers in a country.  Country stakeholders generally use the WHO definition of ‘health worker’: *anyone engaged in the promotion, protection or improvement of the health of the population*.  This is a larger group than the clinical care providers of a health system, including health managers, regulators, support staff, volunteers – the exact cadres and roles could be defined by country stakeholders and can be expanded or contracted as needed.

This larger health worker registry can serve as a canonical source of health worker information, similar to the way facility registries are used as a master facility list in some countries.  The health worker registry would provide health worker data to different eHealth and mHealth systems, and also note new additions, deletions and changes to the registry information by trusted systems and sources according to change protocols and appropriate version controls.

The data that might be captured on this larger population could expand beyond the health information exchange validation use case as well.  A relatively small amount of information is required to perform the validation functions, but a larger health workforce registry could easily exceed those limits.  The minimum data set captured by countries on health workers in the registry can also be set according to country needs.

Members of the PEPFAR OpenHIE Provider Registry community have discussed the distinction between the original ‘Provider Registry’ scope and the larger ‘Health Worker Registry’ scope and agrees that the PEPFAR OpenHIE Provider Registry Community includes the larger definition of health workers and health worker registries, and is not limited to clinical care providers or the health information exchange validation use case.   However, the community still considers this use case a top priority, and will continue to optimize the tools and guidance developed by the community for health worker validation within a health information exchange.

Meanwhile, the community will also continue its activities to document and address country stories, standards and profiles, and reference implementations for the larger definition of health worker registries.  Specific standards will be explored and identified that can guide recommended minimum data sets and implementation guidance for this larger country vision of health worker registries.