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SPECIAL ARTICLE

Transforming and Scaling Up Health Professional Education

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Abstract

The Human Resources for Health (HRH) agenda transcends national borders. In particular, education and training for health professionals around the globe is faced with new epidemiological and demographic challenges, as well as the impact of climate change. Looking beyond the existing models and systems for health professional education, the World Health Organization is leading an effort aimed at increasing the quantity but also the quality, relevance, and sustainability of the health workforce. Evidenced-based policy guidelines, along with political commitment to the goal of universal health coverage, bring countries closer towards sustainable and equitable access to health services.

It is imperative that the new generation of health professionals must be capable of participating in and implementing reforms of health professional education within the broader global HRH strategy and post-2015 development agenda.

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Transforming and Scaling Up Health Professional Education

Introduction

The number of physicians varies substantially across member states in the WHO. The United Kingdom Kingdom has 27.9 physicians per 10 000 people, which is almost double to that of the global figure.[1] This contrasts to Hong Kong, where there are 18.3 physicians per 10 000 of the population.

Almost every health system, regardless of the country's income level and health expenditure, faces certain difficulties and criticism. The Human Resources for Health (HRH) agenda deals with much more than the number of physicians in the country, which is one of the six building blocks of the health system. It requires strategic planning that is responsive and comprehensive. Education and training play a vital role in the supply of a team of workforce and, if done well, they make all the difference.

World Health Organization's initiative on transformative education

In 2006, the World Health Assembly (WHA) called on all member states to contribute to a rapid scaling up of the production of health workers (Resolution WHA59.23). While addressing the shortage of health workers is paramount, reforms must also encompass key issues such as an imbalanced mix of skills and competences, and an uneven geographical distribution, where considerable gaps in knowledge and implementation exist. The WHO document on the transformative scaling up of health professional education[2] stated that:

> *"The shortage of professional health workers is compounded by the fact that their skills, competencies, clinical experience, and expectations are often poorly suited to the health needs of much of the population they serve. Insufficient collaboration between the health and education sectors, as well as weak links between educational institutions and the health systems which employ graduates, often result in a mismatch between professional education and the realities of health service delivery."*

The document contributed to global policy guidelines on transforming and scaling up health professional education and training published in 2013.[3]

The transformative scaling up of health professional education and training is defined as the sustainable expansion and reform to "increase the quantity, quality and relevance of health professionals, and in so doing strengthen the country health systems and improve population health outcomes".[4]

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"Quantity" refers to the number of health professionals and the adequacy of that number to address the health needs of a specific population. "Quality" refers to the qualifications of health professionals and the adequacy of these qualifications to address the health needs of a specific population. "Relevance" refers to the relevance of health professional education to meet the current and future health needs of specific populations, including an appropriate skill mix and equitable distribution and availability of health professionals to the local context.

This definition seeks to highlight the fact that isolated improvements in individual educational institutions or narrowly defined health sector reforms will not be enough. While the expansion of health professional schools may serve to increase the quantity of professional health workers, expansion alone will not meet the equally important objectives of improving the quality and relevance of the health workforce, or meeting the labour market needs and absorption capacity. The efforts of national education and health ministries will only be effective alongside simultaneous engagement of educational institutions, private sector providers, professional associations, civil society, and communities.

This initiative by WHO on transforming health professional education and training is a major contribution to the challenging task of reshaping the health workforce of countries for the benefit and well-being of their populations. It calls for a transformation of health professional education that is adaptable to the rapidly changing demands on health services everywhere to help tackle the chronic global shortage of health professionals, estimated by the WHO *World Health Report* of 2006 at a figure approaching 4.3 million health workers.[5] This figure has since been said to be currently in the region of 7.2 million as calculated in the document published by the Global Health Workforce Alliance and WHO in 2013, *A Universal Truth: No Health Without a Workforce*.[6]

Although the primary objective of this initiative, in collaboration with partners, is to provide health policy-makers and other important stakeholders with guidelines to help them achieve this transformation, the ultimate objective is to ensure equitable access to health services through policies aimed at developing a workforce with the right mix of skills that is deployed rationally among levels of care. If we are to work towards the achievement of universal health coverage and the achievement of Goal 4 of the proposed Sustainable Development Goals (following on

from the Millennium Development Goals), education of the health workforce in general and, critically, of professional health workers is imperative. The proposed Goal 4 calls for "equitable and inclusive quality education and life-long learning opportunities for all", with one of the targets being "equal access to all for affordable tertiary education, education for sustainable development and enhancing teaching quality".[7]

Almost all countries have health workforce imbalances: deficits, shortages, or inequitable distribution of workers. These create an urgent need to scale up the numbers of health professionals and adapt their education and training to new epidemiological and demographic challenges in order to work towards universal health coverage within the context of sustainable development. New generations of health workers capable of leading change must be educated and integrated into health systems in a continuous process of adaptation. Using the outcome measures of quantity, quality, and relevance, there are 5 main areas on which global policy guidelines have been developed. They are: education and training institutions; accreditation and regulation; financing and sustainability; monitoring, implementation and evaluation; and governance and planning.

In practical terms, this means addressing everything from the way students are selected for tertiary education (on the basis of qualifications but also non-technical skills) to life-long learning as follows:

Box 1: Ways of addressing health professional education

- Student selection
- Support to students in pre-service training
- Assessing curricula to ensure teaching of competencies relevant to population needs
- Strengthening faculty skills and competencies
- Developing teaching methods that maximize opportunities for team work (inter-professional education that supports inter-collaborative practice, appropriate simulation methods)
- Accreditation of educational programmes and regulation of practice
- Ensuring streamlined educational pathways and ladder programmes for practising health workers
- Continuous professional development for faculty and service providers
- Practising life-long learning in a conducive environment.

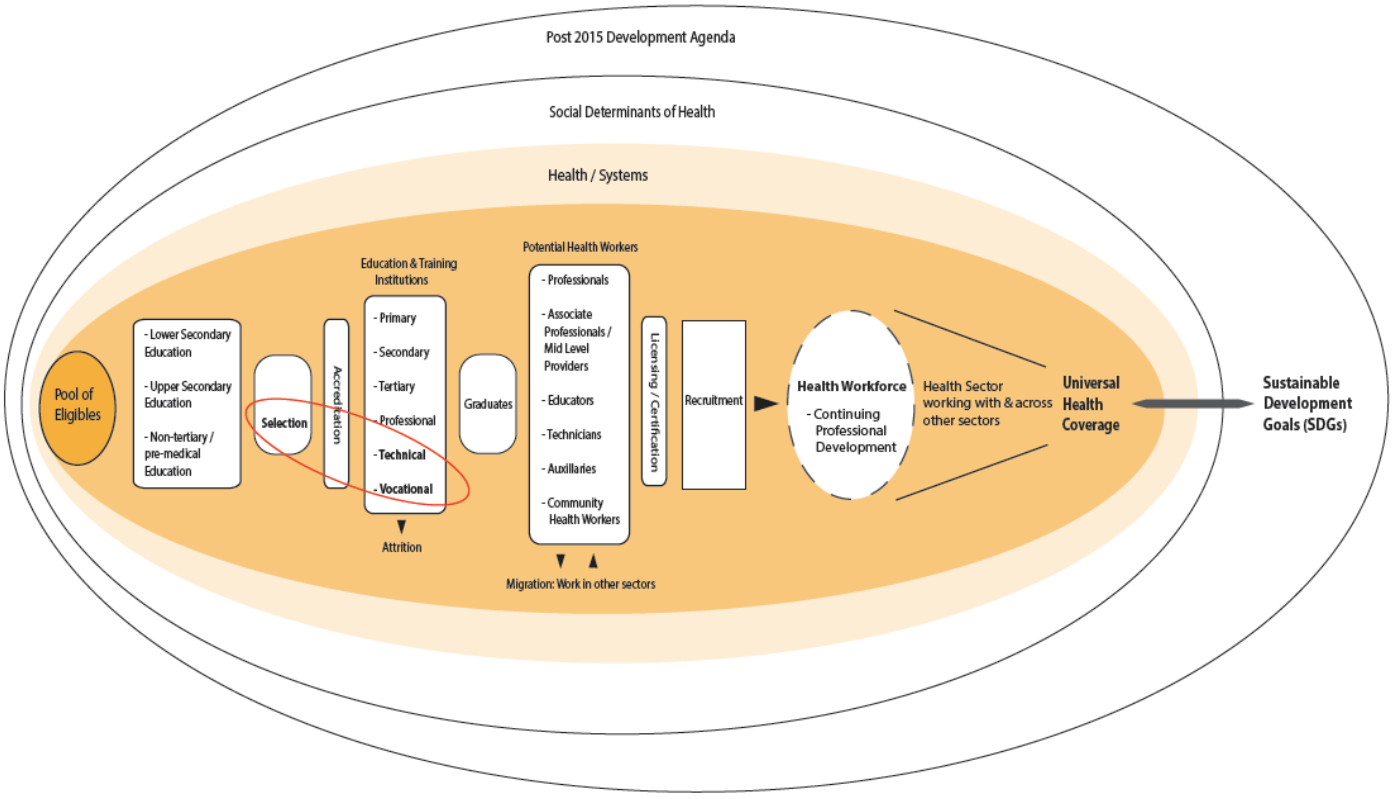
Reframing the 2006 WHO World Health Report pipeline to generate and recruit the health workforce

A critically important part of transformative health workforce education has been a re-examination and a reframing of the "pipeline" to generate and recruit the health workforce illustrated in the World Health Report of 2006.[5] This has been necessary to ensure

consistency and coherence between broader UN policy (Post-2015 Development Agenda and proposed Sustainable Development Goals) and the implementation of the WHO guidelines on transforming and scaling up health professional education and training.

It also takes on board elements of the more recent World Health Assembly resolution (66.23) on transforming health workforce education in support of universal health coverage and supports the Recife Declaration (2013) which calls for "HRH development priorities and universal health coverage to be given due consideration in discussions of the post-2015 development agenda".[8] The adapted 2014 pipeline is illustrated in Figure 1, as presented in Bangkok at the Prince Mahidol Award Conference 2014.

Figure 1: Adapted 2014 pipeline



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The adapted 2014 pipeline seeks to provide a conceptual framework to ensure consistency and coherence between policy and implementation, as well as guiding and informing institutional and instructional reform at national level.

Transforming health professional education for health equity will also require the development of "bridging programmes" that empower and expand the "pool of eligibles" through action in secondary education curricula. Such programmes would facilitate the recruitment of students with the appropriate range of competencies for admission into professional and technical education and training.

The strengthening of policies, strategies, and plans through intersectoral policy dialogue is a key element of the recent World Health resolution (66.23) and provides the mandate for WHO to collaborate with other UN agencies such as UNESCO in order to address a series of questions:

1. *What do we need to do in secondary schools and their curricula to promote students with the appropriate range of competencies from the "pool of eligibles" to apply for admission to professional, technical, and vocational education and training?*
2. *What areas of the secondary curriculum do we need to address or expand?*
3. *How can WHO work with other UN agencies such as UNESCO within secondary education to prepare for recruitment into further education and training at professional, technical, and vocational levels?*

Secondary education is a critical juncture in a young person's life. Health professionals and students have an important role to play both in mentoring and career guidance in secondary education, as well as making an active contribution to discussions about the policy and planning of health workforce education and training.

Voices of the younger generation

What exactly are the necessary competencies for the health profession? Are our students receiving appropriate and timely career advice? These 2 questions should be directed to the people under the existing system. This is whom WHO has been inviting for meaningful youth involvement in the transformation process.

The Worldwide Survey on Transition from Secondary to Medical Education has been launched. It invites medical students and doctors around the world to share their satisfaction at the received career guidance, followed by their experience in admission to medical school. It is also the first large-scale survey by WHO to ascertain non-academic competencies for the medical profession.

With the able support from World Medical Association Junior Doctors Network (WMA JDN) and International Federation of Medical Students' Associations (IFMSA), this is an opportunity to listen to the youth around the globe. Moving forward, a similar survey will soon be targeted at students and young professionals in nursing, dentistry, and pharmacy. When combined together, the survey results will be a valuable reference for educators in the health sector as well as in secondary education.

Conclusion

WHO has taken a proactive role in revolutionizing the way health professionals are trained to meet the changing demands. Evidence-based policy guidelines are implemented at national, regional, and district levels to orchestrate multisectoral efforts. The pipeline for the generation of health workforce is re-examined with a much broader perspective.

Medical students and young doctors themselves may later participate in the faculty, curriculum development, and selection process for new blood. Seldom are they willing to challenge the very system they were educated and selected by; this action requires a comprehension of "transformative education", a critical mind, and plenty of courage.

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With a background in public health, Dr Wheeler has worked for WHO over the last 14 years and, for a brief period, for the Asian Development Bank in an emergency and disaster setting with the focus on building the capacity of health professionals.

Her work over the years has spanned the areas of curriculum development, training, policy, and knowledge brokering in mental health and human resources for health. All of these activities have been aimed at improving and strengthening the human resources for health at the country level and international levels. More recently, the focus of her work in WHO headquarters has been to coordinate the work on the development and promotion of global policy guidelines to transform and scale up health professional education and training. This also encompasses mid-level and community health workers as well as coordinating and contributing to the development of health workforce education assessment tools.

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