

WHO recommendations for transforming and scaling up health workforce education, and for retaining health workers in rural and remote areas



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**World Health
Organization**

The Purpose of the Presentation

- 1. To describe the context in which the policy recommendations were developed and the challenges faced**
- 2. The WHO response (normative role)**
- 3. Key policy issues and recommendations**

Policy framework for adapting 2006 WHO Report pipeline for generating and recruiting the health workforce; *increasing complexity and interconnectedness*

WHA 64.6: Health workforce strengthening

WHA 64.7: Strengthening nursing and midwifery

WHA 59.23: Rapid scaling up of health workforce production

WHA 64.9: Sustainable health financing structures and universal coverage

WHA 66.23: Transforming health workforce education in support of universal health coverage



WHA 65.8: prevention and control of noncommunicable Diseases (UN political declaration)

Un resolution on Global Health and Foreign Policy

2006

2011

2012

2013

WHA 59.23: eHealth

WHA63.25 Improvement of health through safe and environmentally sound waste management

3rd Global Forum Recife Declaration

WHA62.12 Primary health care, including health system strengthening

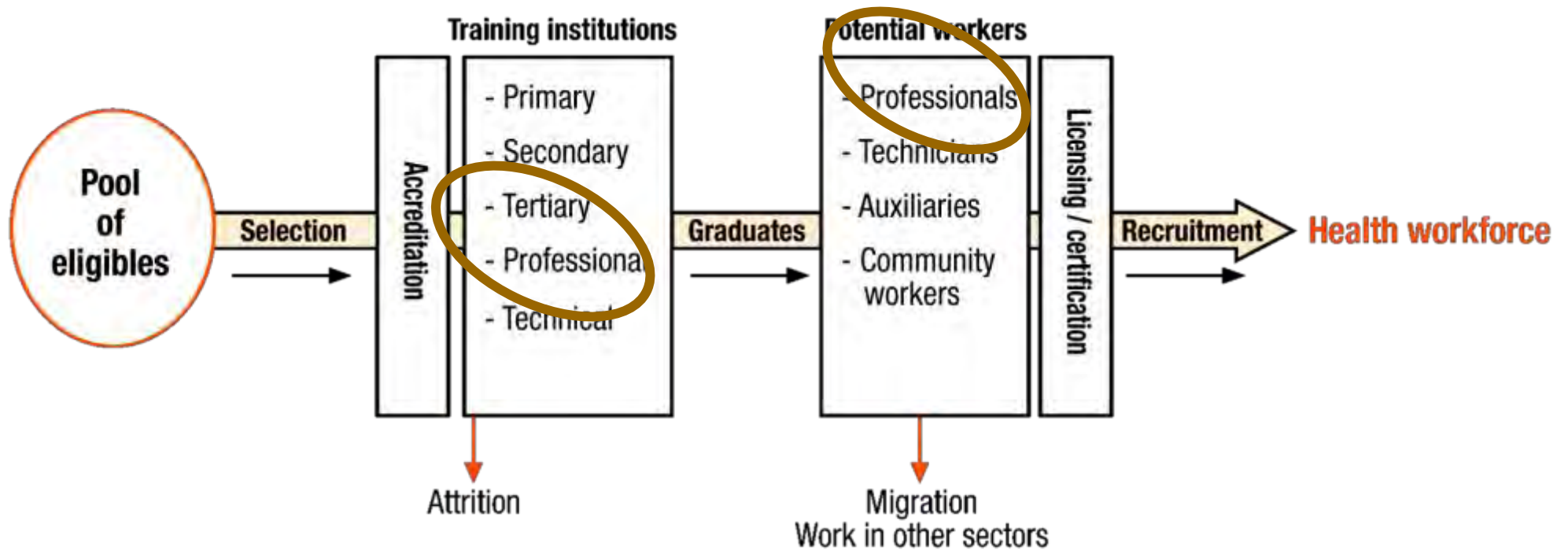
Rio +20 Political Declaration

WHA63.16 WHO Global Code of Practice on the International Recruitment of Health Personnel

WHA65.8 Outcome of the World Conference on Social Determinants of Health

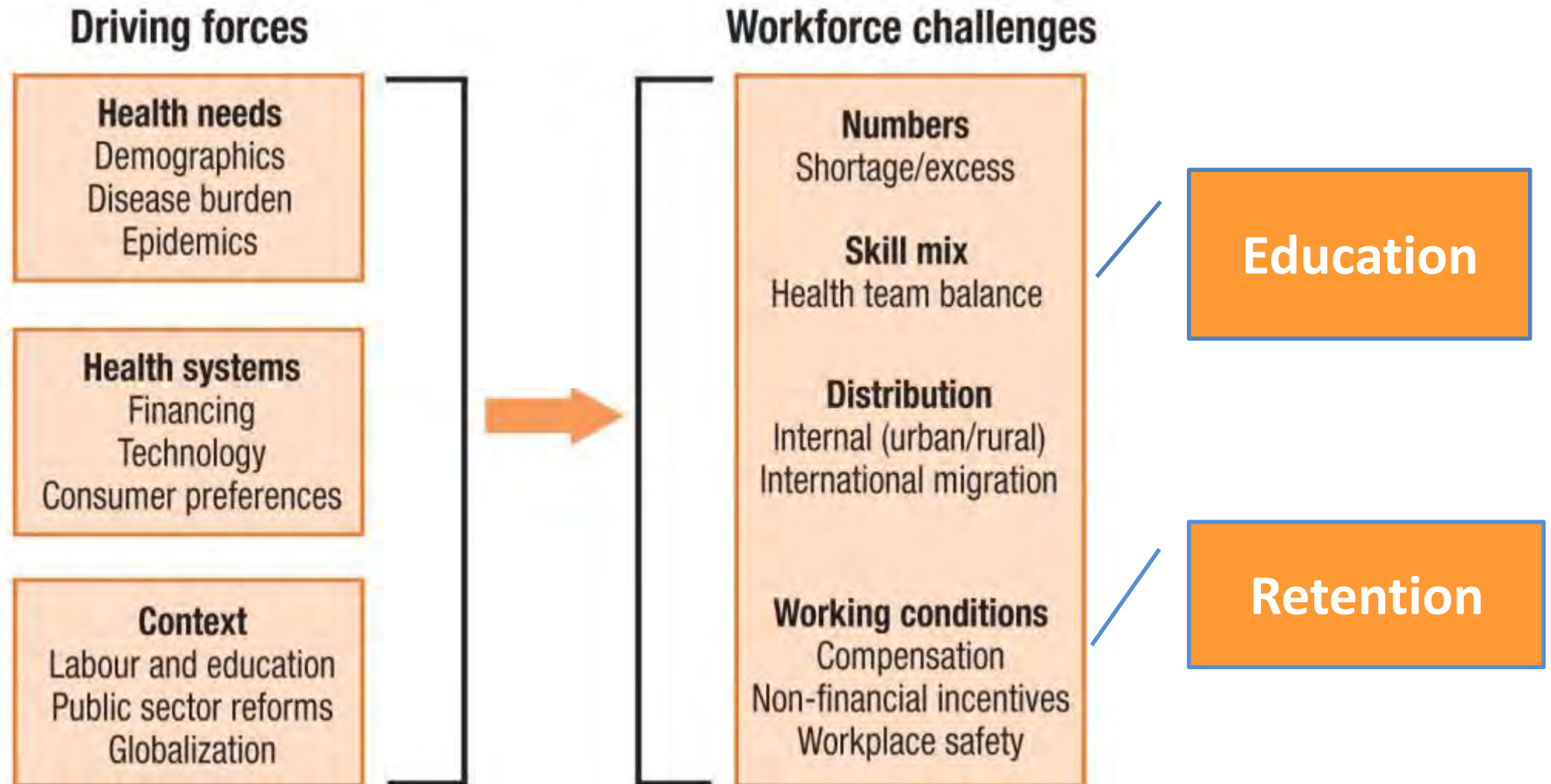
UN platform Health in post 2015 development agenda

Education: Innovations along the education pipeline



Source: *The World Health Report 2006 – Working together for health*

Forces driving the workforce



WHO Retention Recommendations (2010)

Categories of intervention

A. Education

B. Regulatory

C. Financial incentives

D. Professional and personal support



Education-related policy recommendations

Category of intervention	Examples
A. Education	A1 Students from rural backgrounds
	A2 Health professional schools outside of major cities
	A3 Clinical rotations in rural areas during studies
	A4 Curricula that reflect rural health issues
	A5 Continuous professional development for rural health workers
B. Regulatory	B1 Enhanced scope of practice
	B2 Different types of health workers
	B3 Compulsory service
	B4 Subsidized education for return of service
C. Financial incentives	C1 Appropriate financial incentives
D. Professional and personal support	D1 Better living conditions
	D2 Safe and supportive working environment
	D3 Outreach support
	D4 Career development programmes
	D5 Professional networks
	D6 Public recognition measures

Transforming and scaling up the education and training of health professionals recommendations: what is it?

- The expansion and reform of health professionals' education and training to increase **the quantity, quality and relevance** of health professionals to:
 - meet population health needs and expectations
 - strengthen countries' health systems and improve population health outcomes.



Consultations with beneficiaries: Surveys



WHO Recommendations (2013)



- Faculty development
- Curriculum development
- Simulation methods
- Direct entry of graduates
- Admission procedures
- Streamlined educational pathways and ladder programmes
- Inter-professional education
- Accreditation
- Continuous professional development

Recommendations: Quality of evidence and strength of recommendations

Quality of evidence

Using the GRADE methodology - reflects the level of confidence that the estimates of an effect are adequate to support a particular decision or recommendation.

Levels of evidence quality are:

- Very low
- Low
- Moderate
- High

Strength of recommendations

The guideline panel's level of confidence that the desirable effects of a recommendation are greater than the potential undesirable effects.

Levels of strength are:

- Strong
 - Can be adopted in most situations
- Conditional
 - Need for stakeholder involvement in deciding whether or not to adopt a recommendation

Recommendations: Faculty Development

Recommendation 1:

Health professionals' education and training institutions should consider designing and implementing continuous development programmes for faculty and teaching staff relevant to the evolving health-care needs of their communities.

The **quality of the evidence supporting these recommendations is moderate**, and the **strength of the recommendation is conditional**.

Recommendation 2:

Governments, funders and accrediting bodies should consider supporting the implementation of higher education policies for mandatory faculty development programmes that are relevant to the evolving health care needs of their communities.

The **quality of the evidence supporting these recommendations is low**, and the **strength of the recommendation is conditional**.

Recommendation 3:

Health professionals' education and training institutions should consider innovative expansion of faculty, through the recruitment of community-based clinicians and health workers as educators.

The **quality of the evidence supporting this recommendation is low**, and the **strength of the recommendation is conditional**.

Recommendations: Curriculum Development, Simulation Methods, and Direct Entry of Graduates

Curriculum Development

Recommendation 4:

Health professionals' education and training institutions should consider adapting curricula to the evolving health-care needs of their communities.

The **quality of the evidence supporting this recommendation is low**, and the **strength of the recommendation is conditional**.

Simulation methods

Recommendation 5:

Health professionals' education and training institutions should use simulation methods (high fidelity methods in settings with appropriate resources and lower fidelity methods in resource limited settings) of contextually appropriate fidelity levels in the education of health professionals.

The **quality of the evidence supporting these recommendations is moderate**, and the **strength of the recommendation is strong**.

Direct entry of graduates

Recommendation 6:

Health professionals' education and training institutions should consider direct entry of graduates from relevant undergraduate, postgraduate or other educational programmes into different or other levels of professional studies.

The **quality of the evidence supporting this recommendation is moderate**, and the **strength of the recommendation is conditional**.

Recommendations: Admissions Procedures, Streamlined Education Pathways, Inter-Professional Education

Admission procedures

Recommendation 7:

Health professionals' education and training institutions should consider using targeted admissions policies to increase the socio-economic, ethnic and geographical diversity of students.

The **quality of the evidence supporting this recommendation is low**, and the **strength of the recommendation is conditional**.

Streamlined educational pathways and ladder programmes

Recommendation 8:

Health professionals' education and training institutions should consider using streamlined educational pathways, or ladder programmes, for the advancement of practising health professionals.

The **quality of the evidence supporting this recommendation is low**, and the **strength of the recommendation is conditional**.

Inter-professional education

Recommendation 9:

Health professionals' education and training institutions should consider implementing inter-professional education (IPE) in both undergraduate and postgraduate programmes.

The **quality of the evidence supporting this recommendation is low**, and the **strength of the recommendation is conditional**.

Recommendations: Accreditation and Continuous Professional Development

Accreditation

Recommendation 10:

National governments should introduce accreditation of health professionals' education where it does not exist and strengthen it where it does exist.

The **quality of the evidence supporting this recommendation is low**, and the **strength of the recommendation is strong**.

Continuous professional development (CPD) for health professionals

Recommendation 11:

Health professionals' education and training institutions should consider implementing continuous professional development and in-service training of health professionals relevant to the evolving health-care needs of their communities.

The **quality of the evidence is moderate**, and the **strength of this recommendation conditional**.

Four good practice recommendations



- Government at the highest level demonstrates political commitment to reform and takes leadership of its implementation.
- There is formal collaboration and shared accountability between the ministry of health, the ministry of education, and other related ministries (e.g. finance, labour, public service), at national and/or sub-national level.

Good practice recommendations



- A national plan to produce and retain graduates is developed in consultation with stakeholders and aligned with the national health plan.
- The creation or strengthening of national or sub-national institutions, capacities or mechanisms to support the implementation of the reform and scale-up plan (e.g. legislation, policies, procedures).



Knowledge gaps and research agenda

Education and training institutions

- Do changes in recruitment practices have an impact on the retention of health workers in underserved poor, isolated or rural zones?
 - Longitudinal studies linking the retention of health workers trained in community and rural settings to changes in recruitment practices and in the curricula
- What is the impact of decentralizing education and training programmes on rural recruitment and retention of health professionals?
 - Assessment of the impact of decentralizing education and training programmes on rural recruitment and retention of health professionals.



Implementation strategies: overview

- Raise awareness of the policy issues (e.g. interactive website, video clips, ePlatform)
- Form partnerships for implementation with existing transformative initiatives (e.g. MEPI, NEPI, ARC, THEnet, NOSM)
- Policy dialogues through regional WHO offices
- Link with other programmes within WHO
- Develop programmes of work with NGOs in official relations with WHO
- Integrate into Civil Society Organization commitments at the country level (e.g. Nigeria, Ghana, Malawi and Sierra Leone).
- Develop a research agenda with other relevant institutions with a focus on education/curriculum development and educational policy (e.g. universities, UNESCO)

Thank you !



<http://whoeducationguidelines.org>

http://www.who.int/hrh/resources/transf_scaling_hpet/en/