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## Annex 10

# List of External Peer Reviewers

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## Annex 11.

# Working groups at the Guidelines Development Group meeting, Washington, USA, March 2012

<b>GROUP 1 Accreditation</b>	<b>GROUP 2 Faculty development</b>	<b>GROUP 3 Regulation</b>	<b>GROUP 4 Financing</b>
Leana Uys Fitz Mullan Milliard Beyene David Gordon Robert Ochai Ann Phoya Eric Buch Walid Abubaker Gulin Gedik	Ian Couper Rebecca Bailey David Knapp Arletty Pinel Agneta Bridges Francisco Campos Yianna Vovides Carmen Dolea Maki Agawa	Peter Johnson Jean Barry Barbara Aranda-Naranjo Seble Frehywot Keith Holmes Lois Schaefer Hidechika Akashi Djona Avocksouma Mwansa Nkowane	Jehu Iputo Kate Tulenko Edson Araujo Lola Dare Jennifer Dohrn Jose Rafael Morales Yojiro Ishii Christophe Lemiere Erica Wheeler
<b>GROUP 5 Curriculum reform – ladders</b>	<b>GROUP 6 Direct entry</b>	<b>GROUP 7 Inter-professional education</b>	<b>GROUP 8 Simulation and use of ICT</b>
Marilyn Lorenzo Masamine Jimba Lyn Middleton Mwapatsa Mipando Fatouma Diallo Estelle Quain Carolyn Hall Margaret Brewinski-Isaacs Budihardja Singgih Galina Perfilieva	Lyn Middleton Agneta Bridges Jean Barry Jose Rafael Morales Robert Ochai Ann Phoya Barbara Aranda-Naranjo Djona Avocksouma Mwansa Nkowane	Masamine Jimba David Gordon Milliard Bayene Jennifer Dohrn David Knapp Estelle Quain Peter Johnson Margaret Brewinski-Isaacs Walid Aboubaker Gulin Gedik	Seble Frehywot Rebecca Bailey Edson Araujo Erich Buch Yianna Vovides Kate Tulenko Lola Dare Yojiro Ishii Arletty Pinel Galina Perfilieva
	<b>GROUP 9 Continuous professional development</b>	<b>GROUP 10 Admission requirements</b>	
	Mwapatsa Mipando Ian Couper Fatouma Diallo Christophe Lemiere Fitz Mullan Lois Schaeffer Budihardja Singgih Carmen Dolea	Keith Holmes Marilyn Lorenzo Jehu Iputo Hidechika Akashi Ding Yang Francisco Campos Carolyn Hall Leana Uys Erica Wheeler	

## Annex 12

## Systematic Reviews Team Leaders

## Systematic Reviews of PICO Questions

PICO#	QUESTION	GROUP WORKING ON THE QUESTION
<b>2. Education and Training Institutions</b>		
1.	<b>School Governance</b>	
	Does the active participation of representatives from key stakeholder groups in the governance structures of health professional schools affect the quantity, quality and relevance of health professionals?	Global Pharmacy Education Taskforce (FIP) Sarah Whitmarsh
2.	<b>Students</b>	
	Does the active recruitment, admission and retention of students from underserved, underrepresented or rural populations in health professional schools, supported by regulatory mechanisms, for both undergraduate and postgraduate programmes, affect the quantity, quality and relevance of health professionals?	University of Tokyo Professor Jimba Department of International Community Health Graduate School of Medicine Tokyo, Japan
3.	<b>Faculty and Teaching Staff</b>	
	Does a system of recognition and rewards, which also values teaching ability and community engagement, for all those involved in teaching, including those in the health system, for both undergraduate and postgraduate programs, affect the quantity, quality and relevance of health professionals?	Cambridge University, UK: Alison Andrew, WHO Intern.
4.	Does the innovative expansion of faculty affect the quantity, quality and relevance of health professionals?	University of the Philippines Prof. Marilyn Lorenzo Department of Health Policy and Administration Manila, Philippines (see letter for list of team members)
5.	<b>Curricula</b>	
	Does adapting curricula to needs through the definition of core competencies and their incorporation into core curricula, in both undergraduate and postgraduate programs affect the quality and relevance of health professionals?	Mahidol University Nantiya Watthayu Department of Public Health Nursing, Faculty of Nursing Bangkok, Thailand
6.	Does regular/periodic evaluation combined with streamlined mechanisms for regularly updating and innovating curricula in response to evolving needs of populations, health systems and health service delivery in both undergraduate and postgraduate programs affect the quantity, quality and relevance of health professionals?	University of Oslo Unni GOPINATHAN WHO Intern
7.	Does inter-professional and trans-professional learning in both undergraduate and postgraduate programs affect the quality and relevance of health professionals? If yes, can these improvements be measurable?	University of Tokyo Professor Jimba Department of International Community Health Graduate School of Medicine Tokyo, Japan
8.	<b>Capacity for Transformation and Scale up</b>	
	Does the direct admission of graduates from relevant undergraduate, postgraduate, or other educational programmes into higher levels of health professional studies affect the quantity, quality and relevance of health professionals?	Gunma University Japan MATSUI, Hiroki WHO visiting scholar

PICO#	QUESTION	GROUP WORKING ON THE QUESTION
9.	Does moving health professionals' education closer to health services at all levels of the health system, in both undergraduate and postgraduate programs, affect the quantity, quality, and relevance of health professionals?	University of the Philippines Prof. Marilyn Lorenzo Department of Health Policy and Administration Manila, Philippines
<b>3. Regulatory Frameworks</b>		
10.	Do streamlined educational pathways, or ladder programmes, for the advancement of practicing health professionals, in both undergraduate and postgraduate programmes, improve the quantity, quality, and relevance of health professionals?	University of the Philippines Prof. Marilyn Lorenzo Department of Health Policy and Administration Manila, Philippines
11.	Does accreditation and periodic re-accreditation of all educational institutions and their associated clinical practice placement sites, both public and private, improve the quality, and relevance of health professionals?	The Chinese University of Hong Kong Diana Lee (and Eric Chen) Professor of Nursing and Director, The Nethersole School of Nursing, Assistant Dean, Faculty of Medicine
12.	Do certification and licensure (including periodic re-licensure/re-certification), to reflect reforms in education to address evolving population health needs and to increase the coverage of services (transformative education), of all health professionals in both the public and private sectors improve the quantity, quality, and relevance of health professionals?	University of the Philippines Prof. Marilyn Lorenzo Department of Health Policy and Administration Manila, Philippines
13.	Does the periodic expansion and/or redefinition of scopes of practice of health professionals in both the public and private sectors, which reflect educational reforms to address evolving population health needs and to increase the coverage of services, improve the quantity, quality, and relevance of health professionals?	University of the Philippines Prof. Marilyn Lorenzo Department of Health Policy and Administration Manila, Philippines
14.	Does continuing professional development (CPD) and in-service training of health professionals, which reflects reforms in education to address evolving population health needs, and increase the coverage of services, and the engagement and active participation of education and training institutions in its design and execution, improve the quantity, quality, and relevance of health professionals?	University of Tokyo Professor Jimba Department of International Community Health Graduate School of Medicine Tokyo, Japan
<b>4. Financing</b>		
<b>Financing the Plan</b>		
15.	Does the increased allocation of resources targeted to health professionals' education and training, and their effective and strategic management, lead to increased quantity, quality, and relevance of health care professionals?	Possibly NORAD, Knowledge Centre Bjarne Garden email. Bjarne.Garden@norad.no.
<b>Financing the Plan</b>		
16.	Does financial assistance to students improve the quantity, quality, and relevance of health care providers?	George Washington University Fitzhugh Mullan and Seble Frehywot Department of Health Policy Washington, USA
<b>5. Planning, Implementation, Monitoring and Evaluation</b>		
9.	Does strengthening of the national human resources for health information system (HRIS) to include multi-sectoral data elements that support situation analysis, monitoring and evaluation for the production, recruitment and retention of health professionals affect the quantity, quality, and relevance of health professionals?	WHO/Human Resources for Health Information Reference group

## Annex 13

# Working group members at first CGDG meeting, Divonne-les-Bains, France, May 2011

### GROUP 1:

#### **Governance + Planning, Implementation, Monitoring and Evaluation (9 PICO questions)**

Chair: Francisco Campos;  
Rapporteur: Fitzhugh Mullan;  
Members: Siyam Amani, Julia Lear, Robert Ochai, George Pariyo, Ann Phoya,  
Djona Avocksouma, Sungkhobol Duangvadee, Alaka Singh

### GROUP 2:

#### **Regulatory Frameworks (10 PICO questions)**

Chair: Joan Holloway; Rapporteur: Chris Rakuom;  
Co-Rapporteur: Teri Reynolds;  
Members: Mwansa Nkowane, Hidechika Akashi, Jean Barry, John Palen, Lois Schaefer,  
Walid Abubaker, Rodel Nodora, Manuel Dayrit

### GROUP 3:

#### **Financing (9 PICO questions)**

Chair: Francis Omaswa;  
Rapporteur: Bjarne Garden;  
Co-Rapporteur: Chloe Le Marchand;  
Members: Barbara Aranda-Naranjo, Carmen Dolea, Lola Dare, David Gordon, Yojiro Ishii,  
Kate Tolenko, Galina Perfilieva

### GROUP 4:

#### **Education and training institutions: school governance and partnerships, students, and faculty (9 PICO questions)**

Chair: Jehu Iputo;  
Rapporteur: Marilyn Lorenzo;  
Co-Rapporteur: Nantiya Watthayu;  
Members: Rebecca Bailey, Eric Chan, Seble Frehywot, Ali Haboor, Michael Johnson,  
Krisada Sawaengdee, Maki Agawa

### GROUP 5:

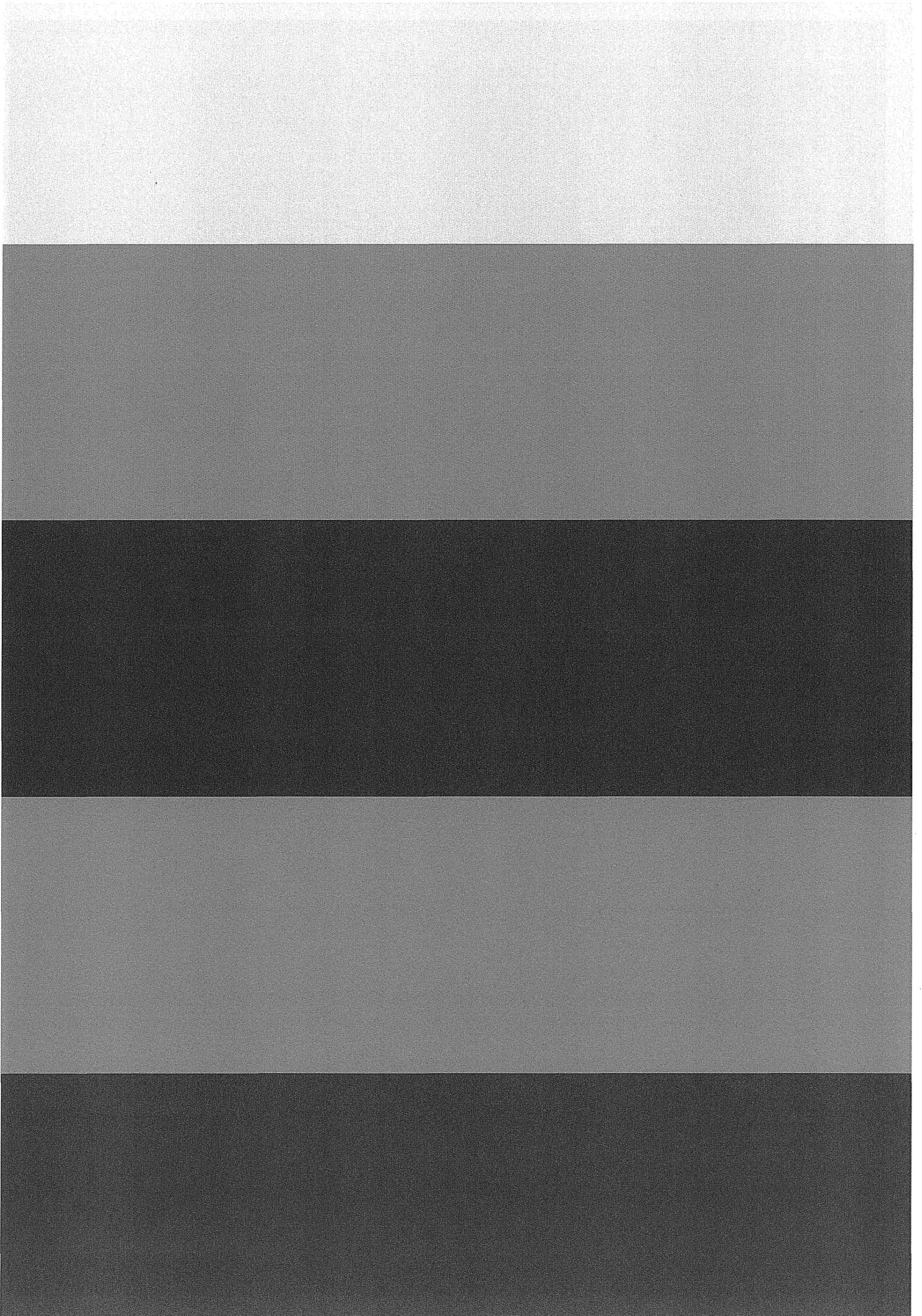
#### **Education and training institutions: curricula and improving capacity (10 PICO questions)**

Chair: Eric Buch;  
Rapporteur: Ian Couper;  
Co-Rapporteur: Aaron Stoertz;  
Members: Erica Wheeler, Milliard Derbew Beyene, Lyn Middleton, Mwapatsa Mipando,  
Charmaine Pattinson, Viroj Tangcharoensathien

## Annex 14.

## Outcomes framework

Based on	Actors <sup>1</sup> (multi-sectoral)	Areas of intervention (public/private mix)	Outputs (graduates)	Outcomes of interest <sup>2,3</sup> (practitioners)	Contributing to <sup>4</sup> (health- service delivery)	Impact
Population health needs	<p>National Policy-makers</p> <p>Education and training institutions and associations</p> <p>Professional associations and regulatory bodies</p> <p>Health services</p> <p>Communities and civil society</p> <p>Development partners</p>	<p>Governance</p> <p>Education and training institutions</p> <p>Regulatory frameworks</p> <p>Financing</p> <p>Planning, implementation, monitoring and evaluation</p>	<p><b>Quantity</b></p> <ul style="list-style-type: none"> <li>New graduates: <ul style="list-style-type: none"> <li>completion rates</li> <li>number per year per category</li> <li>proportion per year per category relative to planned needs</li> <li>proportion who migrate per year.</li> </ul> </li> </ul> <p><b>Relevance</b></p> <ul style="list-style-type: none"> <li>Demonstrate competencies relevant to local needs: <ul style="list-style-type: none"> <li>population health needs and expectations</li> <li>health system and service delivery needs</li> </ul> </li> <li>Skill mix (distribution of graduates by category or other skill-related characteristic)</li> <li>Likely to pursue advanced studies in needed fields (e.g. general practice, primary care, teaching)</li> <li>Likely to work in underserved areas (e.g. rural, primary level, marginalized populations)</li> <li>Representative of society in terms of language, ethnicity, gender, and origin</li> </ul> <p><b>Unintended/harmful effects</b></p>	<p><b>Quantity</b></p> <ul style="list-style-type: none"> <li>Density (proportion of health professionals in each category per 10 000 population)</li> <li>Proportion of health professionals who were educated within the country</li> <li>Proportion of graduates, per category, absorbed into the national health labour market within a defined period of time</li> </ul> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>Competent: <ul style="list-style-type: none"> <li>technical knowledge, skills and behaviour</li> <li>service delivery knowledge, skills and behaviour (e.g. able to lead/manage, work in a team, adapt to changing practice environments, initiate change, educate)</li> </ul> </li> <li>Responsive: <ul style="list-style-type: none"> <li>patient satisfaction</li> <li>practitioner satisfaction</li> </ul> </li> <li>Productive</li> </ul> <p><b>Relevance</b></p> <ul style="list-style-type: none"> <li>Able to deliver services that are relevant to local needs: <ul style="list-style-type: none"> <li>population health needs and expectations</li> <li>present and future health system and service delivery needs</li> </ul> </li> <li>Available: <ul style="list-style-type: none"> <li>distribution by geographical location</li> <li>distribution by level of health service (i.e. primary, secondary, tertiary)</li> <li>absentee and turnover rates</li> </ul> </li> <li>Skill mix (distribution of health professionals by occupation, specialization or other skill-related characteristic)</li> <li>Representative of society in terms of language, ethnicity, gender, and origin</li> </ul> <p><b>Unintended/harmful effects</b></p>	<ul style="list-style-type: none"> <li>Accessible</li> <li>Affordable</li> <li>Acceptable</li> <li>Quality</li> <li>Safe</li> <li>Effective</li> <li>Efficient</li> <li>Productive</li> <li>Universal Coverage</li> </ul>	Population health outcomes



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