1.

Health Professional Education Reform: Instructional Dimensions

Ensuring skills and competency of teachers and faculties

- Fostering leadership and cultivating transformative learning to teachers and faculties, and learners, students.
- Competency driven design of curriculum, teaching and learning modalities and outcomes of different models
- Technology supporting effective learning, including revolutions in IT-based learning, on-site and distant learning experiences

Ensuring skills and competency of graduates

- Innovative methods for transferring, practicing and measuring skill development and mastery
- Nurturing a culture of critical inquiry
- Adequate responses to emerging health needs of population and structure of health systems
- Community-based and field-based education, policy, implementations and outcome of different modalities
- Inter-professional education which promote the practice of team work in health and its outcomes after graduation?
- Outcome measurement: the assessment of clinical/nursing and public health competencies among graduates based on different instructional modalities

Ensuring quality and responsiveness of health professionals

- Pre-service: Quality assurance of health professional education such as accreditation of curriculum and training institutions, requirement of national license examination
- In-service: Continue professional education: policy, implementation, effectiveness and outcome, learning and lessons drawn; requirement of continuing professional education (CPE) as conditions for re-licensing. What are the effective models of CPE, what are the discourses between mandatory versus voluntary CPE and requirement of mandatory re-licensing of different professionals?
- Student assessment and evaluation methods and outcome
- Debates on health professionalism versus ethics, role of health professionals in the society and their social responsibilities

Ensuring number and quality of health professional after graduation

- Workforce development and in-service training: e.g. short courses, long courses, distant courses, refresher courses, application of e-learning in the workplace
- Discourse on the balance between pre- and post-service training and education, demand for and supply of general doctors versus specialists and sub-specialty, in the context of national health systems and health needs and demand for health care by the population
- What are the opportunities in reorienting CPE in line with demographic and epidemiological transition in order to improve skill and competency of in-service health workforce in response to these changes?

2.

Health Professional Education Reform: Institutional Dimensions

- Developing and sustaining faculty and teaching staffs capacity: recruitment, remuneration, incentives, retention strategies and sustainability
- Facilitating health professional education reform to strengthen health systems
- Policies and processes to strengthen capacity of health training institutions
- New models of training institutions for primary care
- Public and private ownership of training institutes, public and private sources of financing health professional education and its outcome in terms of access to education, contributions to health systems of countries, attitude and responsiveness to health systems
- Stewardship, accreditation and certification of health education programs
- Health professional education in favour of equity and offer opportunities to the socially disadvantaged group and mechanisms to ensure contributions to their ethnic groups, rural areas
- Linkage between tertiary education and secondary education
- Perspectives of stakeholders in health professional education reforms: students, graduates, teachers or educators, and users and system managers
- Expand academic centers to academic systems encompassing networks of hospitals and primary care units
- Link together through global networks, alliances, and consortia

3.

Advancing Health Equity Through Health Workforce Education, Training and Deployment

To achieve health equity, government needs to move closer to and finally reach universal health coverage by ensuring equitable access to healthcare by all socio-economic groups: rich-poor, urban-rural and vulnerable populations, with adequate financial risk protection. All these pose a huge challenge on financing and service provision, for which adequate number and proper mix of health workforce cadres, commitment play a vital role. A number of questions or issues may be raised, such as:

- Universal health coverage has major ramification on health professional education and training, what cadres (diploma, bachelor, and post graduates, as well as other paramedics), how many to be trained? Can the government and private sector employ all these graduates and ensure they properly contribute to health needs of the population?
- What are the relative contributions of different cadres of health professionals (in a broad sense) in enhancing health equity?
- What skill-mix, cadre-mix, types of training (pre-services, in-service and post-services) are required to improve access to health services and achieving UHC?
- What are the models, and good practice of inter-professional and trans-professional team works in practice? Lessons from different country settings
- Evolution of education programmes and plans towards UHC: different country experiences
- Contributions of different tracks of student recruitment into health professional education e.g. national entrance examination, special quota for rural, ethnic minorities on rural retention and home town services
- At clinical and public health practice context, how health professional recognize and understanding the contributions of social determinants to (ill) health of population, how health professional education support such skills and attitudes?
- What are effective models of strengthening capacity of health workforce to
    - facilitate intersectoral actions in order to address social determinants contributing to ill health?
    - facilitate community participation and social mobilization?
    - effectively communicate with public and strengthen health literacy?
- Trends in the application of technology and ICT in health service delivery
- Contributions of health of the population such as burden of diseases, risk factors, poverty and ill health, health systems configuration to the design and reform of health professional education curriculum. What are the effective interface between health professional training institutes, health systems and the national health authority (MOH)?

4.

Changing Context and Impact on Labour Market and Health Professional Training

At country level, the social determinants of health, demographic and epidemiological transition (increased NCD in almost all countries and double burden of communicable and non-communicable diseases in low income countries) have impact on demand for health professionals. Government needs to plan for number and cadres mix requirement for the country health needs; and understand the labour market dynamics to achieve better results in the distribution, retention and performance of the health professionals.

At global level, the trends in economic and health systems in one country have major ramification on health workforce in another country. In the light of rights to employment, migration and settlement, free international migration of health workforce will have major impact to health systems and patients in the source countries. Demands of elderly and chronic patient care coupled with high purchasing power in rich countries trigger exodus of trained health workforce from poorer countries. Many countries also face acute mal-distribution of health workers within their borders, due to unattractive employment conditions in remote and rural areas, which create barriers to recruitment and retention of health workers, and inequities in the availability of health services for the population.

In low income countries where Global Health Initiatives (GHI) plays a significant financing role in health sector in general or in diseases specific, migration of health workforce to accommodate these GHI programmes may have either positive or negative impact on retention of health workforce in areas where health needs are urgent but not funded by GHI. Understanding these issues would help mitigate impact.

Economy which changes from export-led growth to stimulating domestic consumption of services will have major impact on demand for health workforce. In the economic boom, the increased demand for private health care triggers domestic migration of trained health workforce from public to private; and vice versa, in a economic bust situation; reverse migration was observed. Public sector reform, downsizing government and opening up for increased private sector role have major impact on the choice of employment, including migration of health workforce. Employment conditions matter, such as the emergence of flexible career pathway and alternative careers, changing demographic profile of the health workforce, availability of part-time and full-time work, and multi-task generation have major impacts on the performance of and employment options accessible to the health workforce. Therefore, understanding these economic factors and labour market context and determinants are important contributions to effective strategies and solutions to protect public interests and to prepare the health professionals for a productive and fulfilling career.

The abovementioned four key areas and issues under each area were used as a guideline in the design of organized sessions for the conference.

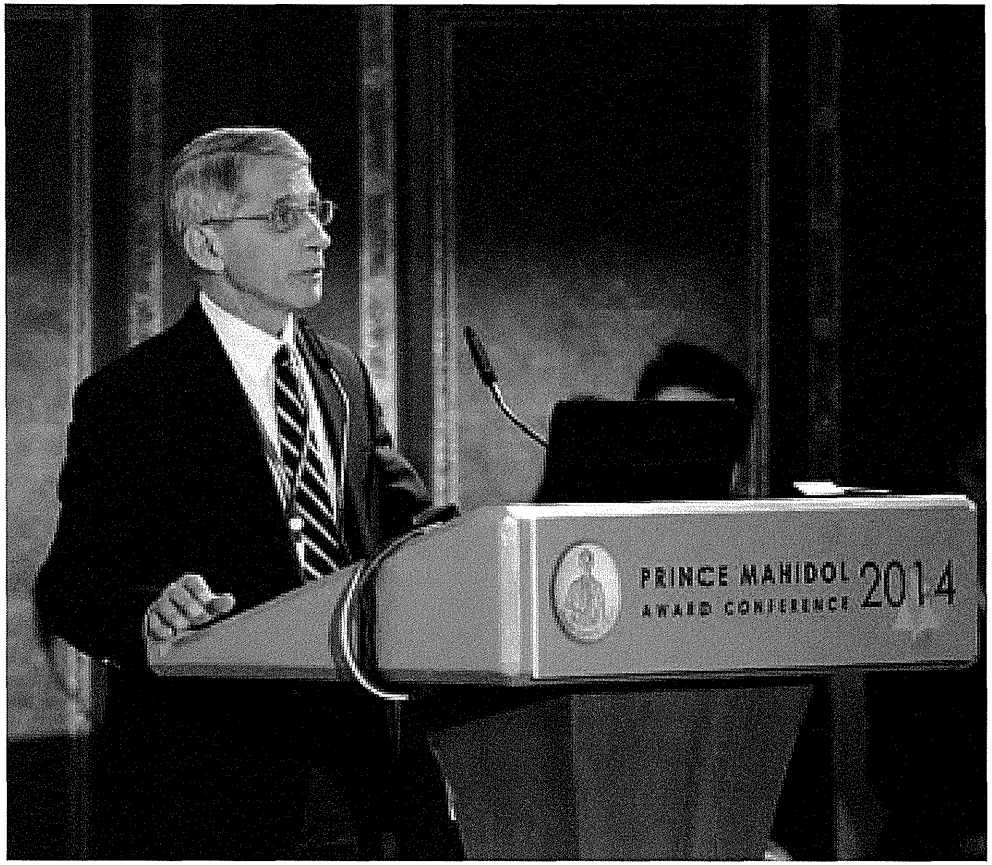
CONFERENCE CO-HOSTS

The conference is co-hosted by the Prince Mahidol Award Conference, the World Health Organization, the World Bank, U.S. Agency for International Development, Japan International Cooperation Agency, the Rockefeller Foundation, and China Medical Board.

KEYNOTE SESSION

SUMMARY OF THE OPENING SESSION & KEYNOTE ADDRESSES

Global health situations are now more complex, and inequities in health remain a challenge at national and international levels. However, the current health profession education systems fail to address these challenges mainly due to fragmented, outdated, and static curricula, that produce health personnel with insufficient knowledge, skills and competencies needed to recognize determinants of health problems and to become more responsive to fulfill population and communities' health needs.



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Starting from health professional education, it should shift from treatment to health promotion, individual to population, disease-centric to patient-centric, knowledge and skill to holistic, teacher-centric to student–centric, and elite health professional to primary care giver. The young health professional leaders represented at PMAC also suggested that medical curricula should include public health programs from which students learn to approach healthcare with holistic perspectives and understand entire community needs. In addition to strengthening the health system, improving the universal coverage can minimize the coverage gap and reduce health problems. Another effective model is to facilitate community participation, including community-funded training of healthcare providers. Finally, Dr. Anthony Fauci proposed that successful implementation of intervention in treatment and prevention needs to be concerned about biomedical intervention and human behavior/ social determinants. This can be achieved only if the healthcare workforce is primarily trained to address the complexity of global health situations.

Crisis in the global health workforce distribution has caused unmet population health and health service needs. Apart from the shortage of human resources in disadvantaged areas, other social determinants of health such as cultural barriers, stigma and discrimination need to be taken into account when discussing treatment accessibility and healthcare coverage.

Another fundamental problem affecting health inequity is incomparable medical education and social needs, that have resulted in health professionals with lack of public health skills and an inability to understand health systems as a whole.

To solve the problem of health workforce distribution, we learnt from Daisyrie Aidyl Pamogas, a young student nurse from the Philippines, that community-selected candidates for healthcare personnel and community-funded scholarships for local candidates increase workplace adherence of healthcare personnel especially in disadvantaged areas. She also emphasized the importance of community empowerment through her quotation "by the people with the people and for the people".

Despite community participation, community diversity needs to be considered when developing strategic health plans. The best health strategy in one country may not be appropriate in another setting. Experience from Haiti and Rwanda community-based programs taught us that the key success factor in implementation is a power of community engagement.

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Health professional education improvement needs to start from the administration (improving of administration mechanisms, increasing the attractiveness of needed health positions, enhancing propaganda, strengthening admission management and enacting favorable admission policies for needed health positions, attaching importance to research in education of health professionals), the institutional measures (promoting comprehensiveness of health professionals education, optimizing disciplinary structures to train needed health professionals, emphasizing the importance of the development of teaching bases, strengthening faculty development), and instructional measures (pushing forward student-centric teaching, strengthening education of humanistic skills and implementing visions of holistic education, making full use of modern educational technology).

In conclusion, the implementation of intervention needs to find a way to close the inequity gap, to increase life expectancy, and to ensure well-being of the population which can not be made possible without "transformative learning", the most important fundamental aspect of health professional education.

“By the people with the people and for the people.”

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