support and resolve this important challenge.

The issue of social accountability was widely discussed. There is a need to train health professions to understand and respond to people's health. Transformative education should focus on and emphasize social accountability in regard to contributing to the constructive relationship between health professions and patients. This transformation in education can be achieved by changing the information landscape, which can be improved by making it more global, more accessible, and more instrumental.

Social accountability in transformative education should focus on values of quality, equity, relevance and cost-effectiveness in health care. Social accountability is needed as changes in information technology and increased electronic access to information has created

more expectation from patients. The core value of social accountability has a huge impact on society and responding to society's priority health challenge.

Health rights are for the patient, and have changed the accountability to society in general. There should been a clear change from what has been seen as a human right, to have more focus on community, because community orientation is also an important foundation in transformative learning. On the other side, health professional education curricula should address social determinants and social accountability and how to apply these skills and knowledge in their practice. The transformation implies not just improving the content of

education but assuming responsibility for outcomes and eventual impact of the educational institution on the overall performance of the health system.

There are challenges to address to integrate social accountability into the curriculum. Health professional associations and education institutions can play an active role in supporting transformative education that will facilitate social accountability. The social accountability movement that emerges in educational institutions should also affect other key stakeholders in the health system, such as health professions, health care organizations, and the pharmaceutical industy, as current and prospective needs and challenges will only be effectively addressed if a strong partnership is established and supported to improve quality, equity, relevance and cost-effectiveness in health care.

Another problem is the communication between doctor and patient which is often poor and professional ethics and conduct consequently suffer. This needs to be changed as the implementation of medical ethics is often poor and the teaching of ethics is not successful in many education institutions. We should also look at the public and private sectors which are very competitive, making access to healthcare distinct in a negative way. The inequality of healthcare providers in terms of telling people their rights in a clear, understandable way, particularly in private hospitals, must be tackled with more transparency.

Education leaders should include ways to address the social accountability issues in education, health professional councils and other groups of people in society. The address here is to focus on the key principle of social accountability and fairness in delivery of health services. Inter profession teamwork is a very important approach to provide health services and

improve health equity. Transparency of information, more instructional and more global are three key areas to address. A practical guide to implementing social accountability will vary depending on country context. Also, implementing the teaching system of health equity in medical schools, where not already being undertaken, should start immediately. Therefore, students who will be the future healthcare providers will understand about this very basic concept from their formative school years. Being in the community, to see the community perspective is very important and should be increase. Public and private sectors in this part should work together, to make a public and private partnerships. It is clear that we cannot generalize the system, therefore it should be flexible. But together the following points could be developed: regulation, supervision, alternative options, and financing the healthcare system. The discussion about accountability for community and society should be continued because equal access to healthcare is the key for social justice.
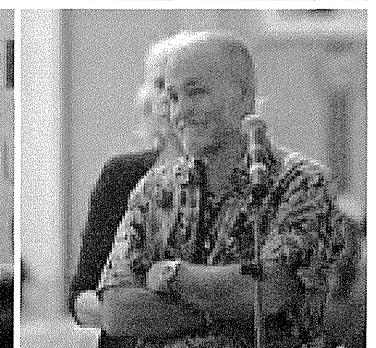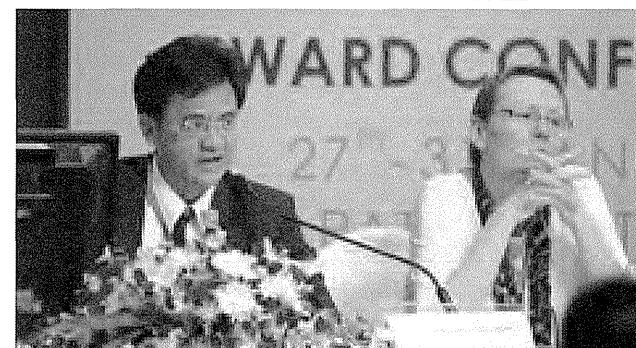
INSTRUCTIONAL REFORMS
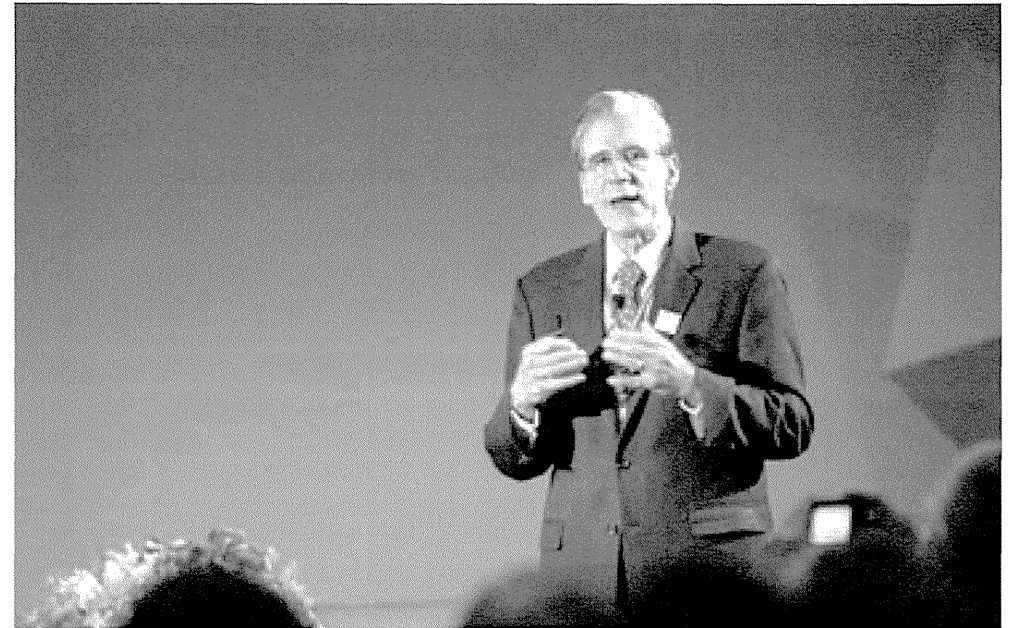
Julio Frenk opened the discussion on institutional reforms with an intriguing view of the strategic shift from tubular vision to open architecture to include both education and health systems reform. He presented education redesign principles based on:

- competency based learning, in terms of breadth and depth
- inter- and trans-professional learning and team building
- flexible and modular designs of curriculum
- experiential learning with community engagement
- level of learning: a balance between online and onsite learning for three goals of development: information (more online than on site), formative and transformative learning. It is noted that more onsite, inspirational, face to face on site learning is critical for transformative learning while online contributes effectively to information learning.
- the need to integrate instructional learning: based on balance across online, on site and in-field learning sites
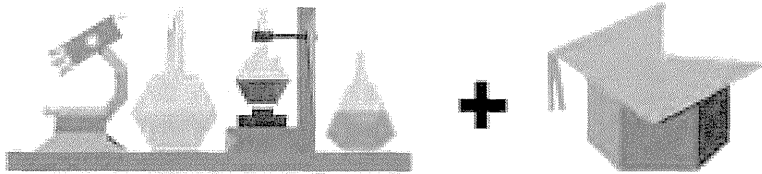
These principles will not be achieved without continuous leadership development: both pre-service and in-service. The broader requirement for health system reforms need to be coupled with reform of the health education system to better equip health workers to address the societal shifts and local health needs and to perform within their health system environment. Despite some advances and successes in health professional curricula reforms, more often than not education remains outdated and stagnant – locked into the "ivory tower" model of education. However, there are emerging initiatives e.g. MEPI/NEPI, ANHER/AAAH, PMAC2014, and other key global achievement, in particular the WHO Global Code of practice on international recruitment of health personnel in 2010, the WHO global guideline 2010 on rural retention, and the 2013 recommendation on transformative scaling up of health professional education .

We now need to continue to build on these momentums, and challenge the current ivory tower models that cannot meet health needs of populations, with innovative learning environments, essential for transformative health professional education and training in the field.

We need to involve stakeholders beyond the health sector - intersectoral actions, inter- and intra-professional collaborative practice, and team building. A first step is to review competencies across different curricula to avoid "silos" and ensure better alignment across health professionals.

Better engagement of multi-stakeholders through networking and involving professional councils, associations, civic society organizations (CSO), and community engagement will help to achieve accountable health professional education.

The current overemphasis on hospital-based learning was felt to be detrimental to provision of equitable healthcare. Learners in these environments are exposed to unrepresentative groups of very

ill patients, which is not the reality in society. Many students are not acquiring key clinical, problem-solving, collaboration and teamwork competencies as needed for the health workforce this century.

Most people feel that currently, many students have lost internal motivation and altruistic drive, and tend to focus on career paths of highly specialized care, and not community/ rural practice. There is a "hidden curriculum" in favour of over-specialization versus the need

to be balanced with community based exposures and seamless linkages between the two. The over-representation of children of high achievers e.g. doctors' children entering medical schools perpetuates this situation.

Highlighted was the great potential benefits of eLearning if managed correctly. Incorporation of on-site learning throughout a learning continuum can open many opportunities for enhanced and transformative learning.

In addition, curricula should be updated regularly, with investment in information systems (DHS survey and facility-based surveys). With limited policy relevant research available, educators must invest in the metrics that will help policy making. It is time to address the interface between education and technology.

INSTITUTIONAL REFORMS

There is need for action and change because of the increasing complexity of work, workforce shortages and mal-distribution, and the need to shift to a primary healthcare approach because of shifting disease burdens, epidemiology and demographics transitions, and evolving scopes of practice. More collaborative practice is required where there is migration.

The distribution of public and private education institutes such as medical and nursing schools is different among the countries, depending on the countries' contexts and resource availability. The pros and cons of having private (medical and nursing) schools have been raised. On the one hand, private schools will produce and strengthen health care providers to serve the health care demand of countries. On the other hand, the cost of the tuition fees is high, leading to the inequitable selection among students. Private schools are profit driven and overwhelmingly lack intention on social accountability. Additionally, there is a debate on the educational capacity and quality control of the private schools.

To ensure the quality and accreditation of education institutes, standard criteria need to be developed. Japan, for example, has regulated the health professional education institutes (HPEI) to provide the good quality

of standards for establishing a university, and to develop strategies to strengthen students' positive attitudes on their careers. Japan also has the Japan University Accreditation Association (JUAA) for ensuring the quality of higher education institutions within the country. Apart from the regulations and standards, there is also an active social, moral and political intervention to improve quality and to make the private education institutes socially acceptable.

Using accreditation to drive faculty development and evidence based health professions education is essential. Accreditation is the process of review and approval by which institution or program is given a time limited status of academic quality. Accreditation helps promoting improvement of education, quality assurance and accountability, safeguard public and professional accountability, ensures patient safety and good

quality clinical outcomes and allows students to make informed choices.

Most countries are facing real challenges with both public and private health professional education institutes. The challenges among those are less alignment to the health system needs and HRH production, and missions and objectives regarding the health equity. Moreover, almost all public institutes are perennially underfunded and have difficulties retaining qualified teachers, resulting in slow progresses in educational innovation and adaptation.
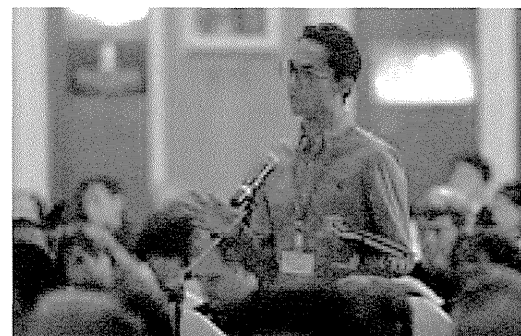
The main difference between public and private health professional education institutes is the issue of profit. Undoubtedly, the cost of private schools is higher and there is little control on tuition fees charged, apart from market forces. Moreover, in some countries, there is no entrance examination. It is then hard to see the responsiveness to health needs of the population.

Private education institutes are less inclined to show compliance with goal standards of higher education and universal health care coverage. For example, the Philippines has a large number of the private nursing schools, but some of them are substandard and do not meet the basic criteria. A similar situation

can be seen in Nepal where there was a mushrooming of substandard private medical schools. Lack of quality and unmet standards of health professionals leads to distrust in private education institutes.

Clear HRH policy is needed in order to regulate the health professional education industries, such as tuition fee controls. Also, the accountability of medical and nursing schools (both public and private) needs to meet with societal perspectives. To close the gaps between public and private educational institutes, a balancing of public and private institutes is needed. Increasing collaboration among public and private education institutes is suggested.

Accreditation of public and private education institutes, along with other quality assurance mechanisms seems to be a necessity. Furthermore, many countries have faced the problem of scaling up the quality on HRH education due to

resource constraints. Innovative financing approaches have been created to mobilize more financial resources, for example the set up loans and tuition fees which are accessible to all groups of students.

The WHO recognizes the crucial contribution of nursing and midwifery in increasing access to comprehensive health service and achieving MDGs. Thus the main recommendations were to scale up nurses and midwives education, create better linkages between academic settings and hospitals and community, joint appointments from MOPH, and encourage baccalaureate graduates to quickly move into masters or doctoral programs. Institutions should monitor progress in this area and increase financial aid for students on an academic career path and create salary and benefit packages that are marketplace competitive in order to "enhance skills and retain faculty".

Addressing faculty development as a continuous process and not a one point issue, especially taking into account the heterogeneity between and within faculties, requires faculty development to be seen as a new paradigm. Different faculty members have different needs and thus any major reforms within the system must take into account teaching and not only research productivity. However, reconceptualising means that thinking needs to move from focus on the individual teacher to organizations as a whole. Organizational change is needed so that teachers accept faculty evaluation, and include reflection on this continuum and ongoing process.
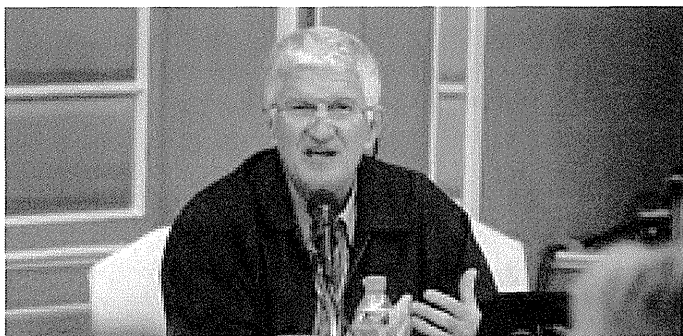
THE KEY ISSUES
TO ADDRESS ARE

Better collaboration
between public and private
education institutes

Faculty development
- ensure teaching-research-services congruence

Institutional, legal, regulatory reform
- key instruments for improving the quality

Building / strengthening
the teaching capacity
- learning physical space, pedagogical materials,
and technology platforms

Training institutes and
curriculum: quality assurance,
accreditation and re-accreditation

Professional quality: national
license examination, relicensing processes,
continuous professional development

Management
-strengthening
management capacities
- mobilizing more financial resources, bursaries and fellowships

Licensing of public and
private health facilities

Creating, sustaining an enabling
culture and environment
- values, merits, assessment and reward systems, identity,
collaboration, peer reviews, strive for excellence

Regulation as
a double edge sword
- can be ineffective, constrain the needed
reform and undermine quality improvement.
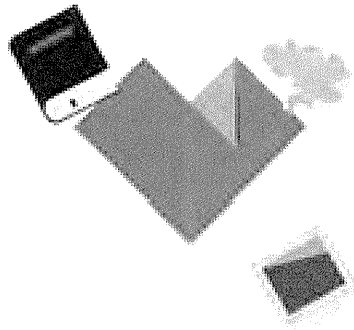
There was a consensus among the delegates that we need to set goals for health workers in 21st Century. The vision is that health professionals are life time learners who

- Have intrinsic values of human rights, social justice, health equity, altruism, social accountability and ethical conduct
- Are able to enquire, search, interpret and use evidence for their clinical and public health interventions
- Are competent in clinical settings and public health, and are able to understand and address the social determinants of health in other sectoral policies
- Are able to communicate and work with other professionals, families and communities with mutual respect, and collaborate in a multi-disciplinary inter-professional team
- Are responsive and accountable to the health needs of the population

CONCLUSIONS
& RECOMMENDATIONS