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Education of Health Professionals for Person-Centered Care

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Introduction

Health professionals are the backbone of health care delivery and their educational preparation determines the quality of services and to meeting person-and people-centred care. Globally, health systems in general have tended to be fragmented and lacking in holistic and person-centered approach [1]. This has led to health systems that are disease-focussed and individual-oriented which is the antithesis of person-centred medicine.

Similarly education of health professionals has tended to be driven by the medical model of care with little or no attention to team approach, the whole person or health needs of populations [2]. This approach is no longer tenable and there is need for refocusing the education of health professionals to be person-centered. Putting the person, families and populations at the centre of care should be a clarion call for policy makers, educators and other stakeholders.

As articulated by the International College of Person-centred Medicine (ICPCM) in its *Zagreb Declaration*, education of health professionals for person-centered care need to address the different aspects and levels of the educational domain, including conceptual bases, institutional and organisational culture, selection and development of health profession students, educators, patients and families, curriculum development as well as broader issues on health and society.

The Crisis of quality and quantity in health profession education

The World Health Report 2006 estimated that an additional 2.4 million doctors, nurses and midwives were needed globally [1]. There is no indication that this shortage has improved since that estimate was first published. However, producing more health professionals alone will not solve the problem; what a population needs is a health workforce with the right competencies to respond to its changing needs. In most countries the education of health professionals has traditionally been isolated from health service delivery needs and has not been adapted to rapidly changing population health profiles [2]. This points to the need for transformative education of health professionals to become person-and population centred. This is a paradigm whose time has come and in which greater involvement of multiple stakeholders is needed.

Time for a Paradigm Shift

In many countries there is a gap between the education of health professionals and the needs of the health system such that educational planning often takes place within educational institutions with little or no involvement of other key stakeholders such as the Ministry of Health. Medical, nursing and midwifery and other schools frequently do not operate in synergy with Ministries of Health who deploy the graduates of training institutions. The lack of linkages and harmony between the different stakeholders often result in production of health professionals who are not well suited to meet the needs of their country's health system.

The transformative scale-up of health professional education aims to produce health professionals that strengthen health systems so as to meet the needs of individuals and populations in an equitable and efficient manner. Driven by population health needs, transformative scale-up consists of a process of education and health systems reforms that address the quantity, quality and relevance of health care providers in order to contribute to universal access and improve population health outcomes [3] [4].

If a new effort to scale up health professional education is to transform the health of individuals and populations, it must be a process of reform that is driven by the people and communities who are the users of health services, implemented by national authorities working with public and private educational institutions, and supported by a broad coalition of stakeholders. These include [4]:

- National Authorities such as Ministry of Education, Ministry of Health, Ministry of Finance and others;
- Regulatory bodies and Professional Associations;
- Health Services;
- Educational Institutions;
- Community; and
- Development Partners.

It is imperative that the key stakeholders harmonise their activities to bring about a paradigm shift toward person-and population centred care. The role of communities in driving person-and population centred care is a corner stone in the transformative education of health professionals. The Alma Ata Declaration on Primary Health Care [5] affirmed of putting “people at the centre of health care”. However, in many countries, meaningful involvement of communities in the management of local or national health systems, or in decision-making at educational institutions is absent or rare.

The International College of Person-centered Medicine (ICPCM) is committed to the refocusing of health profession education and health systems to become person- and population centred and calls on governmental, intergovernmental and non-governmental organizations to collaborate on the transformative educational efforts towards the promotion of person-centered medicine and health.

References

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