Health, SDGs, and the role of UHC: next steps in SEA

Session 7: Improving frontline services: maintaining the momentum on health workforce strengthening  Panel discussion 31st March’2016

Commentary from SEARAME (Rita Sood)

World Federation for Medical Education (WFME) is in strategic partnership with WHO for improving the quality of medical education worldwide. Under the umbrella of WFME are the six Regional associations and the South East Asian Regional Association for Medical Education or SEARAME is one of them. This regional network of SEARAME is an interface between the WFME and the country organizations or associations of medical and other health professions organizations.

Lancet Global commission report and the WHO guidelines on Transforming and scaling up health professions education and training published in 2013 have drawn on this concept of transformative health professions education to ensure health care workers are competent and job ready to carry out their future roles as teams.

The recommendation for transformative learning is based on the premise and realization that producing ‘expert’doctors alone is not enough for effective and efficient patient care or in the delivery of health care through health systems. There is a need for doctor as a leader of health teams with transformative change management as a newly identified and desirable competency.

Core-concept of transformative education regards learning as a journey of change where interpretation of experiences leads to a changing worldview. It is a journey of self-reflection where the learner is required to be more holistic in his/her application of experience and prior knowledge. Transformative education entails adopting different approaches to learning. Besides a strong experiential component with opportunities for reflection concerning one’s habit of mind or kind of knowledge and a movement towards competency based education, the learners need to be exposed to the transformative learning theory principles while they are learning together in inter-professional teams so that the teams come out with innovative ideas and solutions to the problems they face together as a health care team.
Transformative learning basically prompts a change of perspective in the learners. This change might be a change in the perception of self and how he or she conceives of the knowledge within the discipline. The learner just might discover that his old, limiting beliefs can no longer fit in with a new worldview he or she is adopting in light of new information or interactions with new groups of people. Helping students how to learn, and encouraging deep and more meaningful learning are the skills required of the faculty.

Transformative faculty development would be an essential step towards transforming education for health professionals. Transformative faculty development programs need to be designed in such a way that they are longitudinal, involve significant proportion of reflective, cooperative and online learning and need to promote educational research for innovations in medical education in the local contexts.

However, our experience from participating in various platforms pertaining to medical & health professions education has shown that the transformative education initiatives of WHO have not trickled down to the stakeholders and National and policy levels in most countries in SEA. There seems to be a big gap between the recommendations and implementation at the country levels. There is a mushrooming of medical and other health professional education schools without paying much attention to the quality and relevance of education. Dissemination of information, clear guidelines for implementation to the stakeholders and capacity building for the same (training of trainers) at the country level is needed. This would also include sharing of best practices to enable member countries in the region to understand and adopt what these terminologies mean and their relevance.

This is where SEARAME could take the lead with the collaboration and support from WHO and other agencies. SEARAME could take the initiatives for effective advocacy and dissemination of information to the stakeholders by ways of stakeholder advocacy meetings, and workshops in member countries in SEA. As of now, it has been playing some role in this through biannual conferences, capacity building workshops and the journal SEAJME. However, more can be and should be done on this front in an organized manner.

SEARAME Executive committee and other members who are all educational experts have been conducting various theme based capacity building workshops in their respective countries
& other countries of the region. All the EC members represent their National associations of HPE and play an important role in their respective countries towards National policy decisions in bringing educational reforms, e.g. Nepal, Indonesia, India, many of us members of the newly formed IAHPE have been part of high-level committees at the National level and influenced policy and practice by bringing about profound and transformative changes, particularly towards developing competence based curricula and training in many of the soft skills.

In India e.g. we have had a movement of faculty development through many FAIMER program and MCI nodal centres wherein faculty go through longitudinal programs ranging from 6 months to 2 years. These longitudinal programs are designed to equip the faculty trainers with “Transformative Change Agent skills” and so can be easily modified to tailor it to work in health teams and health systems. These ‘change agents’ (eg FAIMER x 3 Regional Centers x 16 x 10 years) can be used to train others once leadership opportunity is given and facilitated to initiate the change that is recommended towards developing human resources for health. Transformative training to work in health teams and provide leadership to teams in health systems can be initiated.

This can be done by conducting longitudinal Fellowship programs for teachers of Public Health/Community Medicine in Medical schools so that they can use their existing field-practice areas and health centers attached to the institution to implement Inter-Professional Education projects and sharpen their leadership of health teams to help deliver health care through health systems. WHO should facilitate a Longitudinal Fellowship Program for this purpose.

Another direction where SEARAME network can play a role is towards the accreditation of medical and HPE. The network could play a role in revising the guidelines for accreditation, keeping in mind the social accountability standards and developing frameworks for assisting medical schools for self assessment & training of assessors. Indonesia already has a well established accreditation system for all health professions education and Thailand is on its way towards developing an independent accreditation agency. As an initial step, we have formed a working group on accreditation to begin with a survey of current practices in the region regarding quality assurance and accreditation of medical education.