



Innovations in **HEALTH PROFESSIONS EDUCATION** in the Western Pacific Region

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Background

A literature review of more than 200 articles from online databases and printed publications provided relevant material on the following themes:

- transforming health professions education;
- human resources for health shortages;
- retention and recruitment strategies;
- innovative educational approaches and programmes;
- rural health workforce programmes; and
- social accountability and responsibility of medical, nursing, midwifery and other allied health schools.

The call for innovative and transformative health professions education has been raised repeatedly for nearly three decades. However, since the International Conference on Primary Health Care in Alma-Ata in 1978, and the evolution of the global “Health for All” strategy, experts have recognized that such an achievement is no easy task. Numerous complex problems related to human resources for health systems have to be addressed.

In a recent article in *The Lancet*, Frenk et al called for urgent action to transform health professions education through a health systems approach, addressing ever widening gaps and alarming inequities between and within countries in the 21st century. (1) It is hoped that this seminal article will catalyse a rapid response among academic institutions, leaders and health partners around the world, and that its conceptual framework and recommendations will be used as a working guide where relevant.

In 1979, the World Health Organization (WHO), in collaboration with 19 medical institutions, formed the Network of Community-oriented Educational Institutions for Health Sciences, which aimed “to strengthen member institutions in achieving community orientation and problem based learning, and to assist institutions in countries that have made a political decision to introduce innovations in training of health personnel with the ultimate goal of improving health care particularly in underserved areas”. (2)

Now called The Network: Towards Unity for Health (TUFH), this global organization consists of more than 220 medical schools and other institutions for health professions education and health services. TUFH and its members continuously work toward making health services and health professions education more relevant and attuned to the health needs of communities. (1)

Since the 1970s, various organizations, institutions, foundations and governments have made sincere attempts to improve educational and training programmes in order to achieve the social target of Health for All and the Millennium Development Goals. (1, 3-6)

A majority of the literature reviewed focused on medical education, emphasizing the need for reforms, social responsibility of medical schools, educational innovations, recruitment and retention of physicians to rural and remote areas, effectiveness of financial incentives, dual or combined degree programmes, training of foreign medical students, perceptions of medical students and physicians on rural practice, continuing education and postgraduate training. (7-17)

Most of the literature focused on medical and nursing schools in Australia, North America (United States of America and Canada), the United Kingdom of Great Britain and Northern Ireland and other wealthy European countries. Adequate evidence has shown a dearth of robust publications on health professions education—medical, nursing, midwifery, public health, dentistry, physical therapy, pharmacy—in the developing world. (1, 4, 6, 18)

Articles on nursing and midwifery education addressed migration issues, nursing and midwifery curricula, career guidance, reforms in nursing and midwifery education, policy interventions to attract nurses to rural areas, and recruitment of foreign nurses from developing countries. (19-30)

There were a few articles on dental education and oral health reforms (31, 32), a few on integrating public health into curricula (11, 33-36) and several more on health professions education, social accountability, transformative education, health worker wages distribution, health workforce imbalances in low- and middle-income countries, training programmes, health workforce policies and international migration of health professionals. (30, 37-41)

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