

LETTER TO THE EDITOR

The World Health Report 2006¹: Working together for Health²

Dear *EfH* reader. – It is springtime in Switzerland. HR³, as a potential area of interest at the World Health Organization, has at last reappeared.

You may remember that the search for HR has been reported each year as a section of *Education for Health* since 1998.

An objectively diminishing interest for HR in the annual Report led me to stop my review in 2002. That year, the unique reference to HR was that “Workforce management is a neglected area in many health systems and needs a more comprehensive approach”. Duh!

Because of my silence you were spared the only relevant, and just as politically correct, quote of the 2003 Report: “New options for the education and training of health care workers are required so as to ensure a workforce more closely attuned to country needs”. Duh!

But, surprise! The 2006 report, 209 pages long, is totally devoted to HR.⁴

In a 12-page introduction by the Director General “health workers” are defined as “all people engaged in action whose primary intent is to enhance health”. It goes from “health professionals” (nurses and doctors) to “administrative professionals”. We are told that “What is needed now is political will to (...) harness *knowledge* (as well as) developing *capable, motivated* and supported health workers” (as) “the *quality* of doctors and the density of their distribution have been shown to correlate with positive outcomes”. Unfortunately “In many countries, the *skills* of limited yet expensive professionals are not well matched to the local profile of health *needs*”.

The report recommends “A shift from acute tertiary hospital care to patient-centred, home-based and team-driven care requiring new *skills*” (and inter-professional collaboration) and “preparing the workforce (with) sufficient

¹ISBN 92 4 156317 6 – 40 Swiss Francs.

²A nice catchy title reminding of TRS 769 (1988) “Learning together to work for health”.

³HR refers to training **H**uman **R**esources which, in old speak, used to be “Education and Training”.

⁴It also contains a very rich overview of the present global health workforce situation, how to respond to urgent health needs, making the most of existing workforce, formulating national strategies and international cooperation.

number of *skilled* workers with technical *competencies* (...) able to reach diverse clients and populations”.

“The world’s 1600 medical schools, 6000 nursing schools and 375 schools of public health are not producing sufficient *numbers of graduates*” and there is a need for “strengthening the state’s role in regulating *educational quality* (curricular content and learning methods)” by “setting *standards*” to “*protect patient safety*”.

In order “to improve the *performance* of the health workforce (improvement of *competence*)” the report recommends “clear *job descriptions*, supervision and *feedback on performance*”.

All the key words are there: *competent, skilled, motivated, quality health workers with the capability to protect patients’ safety*.

But, dear *EfH* readers, this well presented and rich document devotes only 9 pages in chapter 3, to “Education of health personnel and medical education”.

Chapter 3 is said to “include what *tasks* the different levels of health workers are trained to do and are capable of performing (competencies)” but does not go further than “the curriculum is expected (!) to meet standards that are often (!) defined as core competencies (with one unique example “all cardiologists must be able to read an ECG”)”.

We are told that “educational processes have been moving away from didactic teaching and towards student centred and PBL (Problem-Based Learning)”⁵ but the report admits that what is “expected” is far from being found in reality.

The report deplors also the “patchy knowledge base, rich in the area of curricula and teaching methods but skewed towards high income countries, medical doctors and descriptive reports”. When dealing with the crucial area of evaluation in general the recommendations are only about the “evaluation of INSTITUTIONAL performance”. There is NOTHING about INDIVIDUAL performance of graduates and the need to improve the validity level of certifying examinations.

The importance of “clear job descriptions” is mentioned only in reference to the supervision of health workers. Its role, as a basis for curriculum construction, is not mentioned. There is no mention either of its more important role for the construction of *certifying exams that would require the repeated demonstrations of an acceptable level of professional competences* (sensory-motor, interpersonal communication and intellectual skills) covering the spectrum of the profession students have chosen.

As long as certifying exams mainly require the demonstration of a solid mega-memory, students will give precedence to memorized knowledge rather than to professional competencies. I wish WHO would recommend letting teachers teach what and how they want to teach and always provide students with many professional learning sites where they have a chance to be

⁵With reference to an article about PBL, in Maastricht. Hurrah for our Network friends!

confronted with their future profession's reality. And, as said above, insure that certifying exams do really assess with validity, that is, what they are expected to assess: *professional competencies*.

Let us continue to hope for the return of HR with good news in a not too distant future.

J.-J. Guilbert
15 avenue du Mail,
CH - 1205 Genève,
Switzerland
E-mail: guilbertjj@yahoo.fr