

Meeting Report

STRENGTHENING HEALTH PROFESSIONAL EDUCATION REFORMS IN CAMBODIA, CHINA, THE LAO PEOPLE'S DEMOCRATIC REPUBLIC AND VIET NAM



27–28 February 2017
Hanoi, Viet Nam



Strengthening Health Professional Education Reforms In Cambodia, China, The Lao People's Democratic Republic and Viet Nam
27-28 February 2017
Hanoi, Viet Nam

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

RS/2017/GE/11(VNM)

English only

MEETING REPORT

STRENGTHENING HEALTH PROFESSIONAL EDUCATION REFORMS IN CAMBODIA, CHINA,
THE LAO PEOPLE'S DEMOCRATIC REPUBLIC AND VIET NAM

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Hanoi, Viet Nam
27–28 February 2017

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

May 2017

NOTE

The views expressed in this report are those of the participants of the Meeting on Strengthening Health Professional Education Reforms in Cambodia, China, the Lao People's Democratic Republic and Viet Nam and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Meeting on Strengthening Health Professional Education Reforms in Cambodia, China, the Lao People's Democratic Republic and Viet Nam in Hanoi, Viet Nam from 27 to 28 February 2017.

CONTENTS

SUMMARY	1
1. INTRODUCTION	3
1.1 Meeting organization	3
1.2 Meeting objectives	4
2. PROCEEDINGS	4
2.1 Opening session	4
2.2 Setting the scene	5
2.3 Country overviews	5
2.4 Technical sessions.....	7
Session I: Addressing the health professional education reform challenges – curriculum reforms.....	7
Session II: Addressing the health professional education reform challenges – faculty development...	9
Session III: Addressing the health professional education reform challenges – student assessment..	10
Session IV: Addressing the health professional education reform challenges – quality assurance	12
2.5 Country-specific action plans.....	13
2.6 Country-specific sessions.....	15
3. CONCLUSIONS AND RECOMMENDATIONS	15
3.1 Conclusions.....	15
3.2 Recommendations for Member States	16
3.3 Recommendations for WHO.....	17
ANNEXES.....	18
Annex 1. Programme of activities.....	18
Annex 2. List of participants.....	19
Annex 3. Speech of Dr Shin Young-soo.....	25
Annex 4. Health professional education – entry points for action.....	27

SUMMARY

Universal health coverage has created an urgent need to improve the quality and safety of health services at global, regional and country levels. In this context, health professional education plays an important role in preparing a health workforce that is both “fit for practice” and “fit for purpose” to meet the evolving health needs of the populations. Although governments have undertaken initiatives to reform health professional education, these efforts have often been piecemeal, suggesting the need for a strategic focus to support systematic improvements to build a workforce that is competent and responsive to health service needs.

The objectives of the Meeting on Health Professional Education Reforms in Cambodia, China, the Lao People’s Democratic Republic and Viet Nam were:

- 1) to take stock of progress on policy developments and critical issues in health professional education since the previous workshop;
- 2) to share experiences on health professional education reforms with a focus on enabling factors and barriers;
- 3) to build linkages between education, regulation and the health system needs to prepare competent and responsive health workforces; and
- 4) to identify areas of technical cooperation and follow-up actions for advancing health professional education reforms.

The meeting provided 41 representatives from eight countries, including experts and staff from the ministries of health and education, educational institutions and health professional bodies, with an opportunity to share experiences, discuss supportive policy options and explore possible areas for technical cooperation at country and regional levels, to enhance the quality and relevance of health professional education. Several challenges are common across countries: weak institutional capacities; mismatch of competencies to health service needs; narrow technical focus without broader contextual understanding, especially public health competencies; predominant hospital orientation at the expense of primary care; and limited coordination between health and education sectors.

Four main dimensions for the strengthening of health professional education were discussed: (1) curriculum reforms, (2) faculty development, (3) student assessment, and (4) quality assurance.

Several key themes emerged. These included the recognition that health professional education reforms were necessary and timely in view of the changing health systems and health service needs. The need to produce health professionals with the requisite competencies to meet the chronic long-term care needs was highlighted. This will require changes in both the curriculum content and pedagogical approaches. The role of faculty members as critical resources in the reform process was emphasized. Student assessments were considered an important component of overall educational activities to provide a reliable and generalizable measure of students’ progress in acquiring core knowledge and competencies. It was agreed that quality assurance mechanisms should not be limited to the setting of processes and standards, but should include an assessment of the educational outcomes.

It was concluded that efforts to strengthen health professional education reforms will need broader engagement of key stakeholders, at all levels, to ensure advocacy and commitment to increase investments in professional education systems.

1. INTRODUCTION

1.1 Meeting organization

Comprehensive approaches to improving and scaling up health professional education are essential in supporting and advancing health system performance. To achieve universal coverage of quality health services, the focus should shift from producing more health workers towards reforming the quality and relevance of health professional education, to prepare a workforce that is competent and committed to respond to population health needs.

Health professional education has not kept pace with the evolving demographic, epidemiological, socioeconomic and information technology trends. In the World Health Organization (WHO) Western Pacific Region, Member States continue to face a number of recurring educational issues and challenges. In Cambodia, China, the Lao People's Democratic Republic and Viet Nam, the problems are systemic: mismatch of competencies with health service needs; poor teamwork and professional coordination; narrow technical focus without broader contextual understanding, especially public health competencies; and predominant hospital orientation at the expense of primary care. Furthermore, in these countries, the education ministry manages educational activities, often with limited coordination with the health ministry and driven by different sets of imperatives.

Mindful of the need to develop comprehensive policies and plans to strengthen health professional education, WHO has been providing support to the Member States. In 2013, the Workshop on Health Professional Education in the Western Pacific Region was convened in Manila, Philippines. In line with the recommendations from the workshop, support has been extended to the Education Development Centres (EDC) established in Cambodia and the Lao People's Democratic Republic, to strengthen faculty and institutional capacity. Technical assistance has also been provided for the development of appropriate policies and frameworks to strengthen regulation and accreditation mechanisms. Furthermore, linkages have been created between the Member States and WHO collaborating centres to support health professional education reforms.

In consideration of these developments, a meeting was held in Hanoi, Viet Nam from 27 to 28 February 2017 to discuss critical dimensions of health professional education reforms. The meeting was attended by 41 participants that included representatives from the ministries of health and education, educational institutions and health professional bodies as well as experts. It provided an opportunity to share experiences, discuss supportive policy options and explore possible areas for technical cooperation at country and regional levels to enhance the quality and relevance of health professional education. The programme of activities is available in Annex 1.

Representatives from the following countries attended the meeting: Australia, Cambodia, China, Japan, the Lao People's Democratic Republic, the Philippines, the Republic of Korea, and Viet Nam. The secretariat for the meeting included six WHO staff. The list of participants is available in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

- 1) to take stock of progress on policy developments and critical issues in health professional education since the previous workshop;
- 2) to share experiences on health professional education reforms with a focus on enabling factors and barriers;
- 3) to build linkages between education, regulation and the health system needs to prepare competent and responsive health workforces; and
- 4) to identify areas of technical cooperation and follow-up actions for advancing health professional education reforms.

2. PROCEEDINGS

2.1 Opening session

In his welcome remarks, Dr Lokky Wai, WHO Representative to Viet Nam, emphasized that health professional education has not kept pace with the emerging health system challenges and continues to be fragmented, outdated and static. He highlighted the shortage of health workers and its impact on access to quality health services. He further underlined that health professional education should not solely focus on addressing quantity, but should pay particular attention to improving the quality and relevance of training.

Dr Vivian Lin, Director, Division of Health Systems, WHO Regional Office for the Western Pacific, delivered the opening address on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. Dr Shin's opening address is available in Annex 3.

Dr Lin emphasized that achieving universal health coverage and the Sustainable Development Goals will require scaling up and reforming the educational and health systems. She highlighted that these global commitments provide an opportunity to foster innovation in the education systems, engaging health professionals in critical reasoning and ethical conduct so that they are competent to participate as members of multidisciplinary teams in people-centred health systems. She underlined the need to produce competent professionals capable of responding to the changing needs of population groups impacted by emerging disease outbreaks, rapid rises in injuries and noncommunicable diseases. She acknowledged the reforms in health professional education that have already been initiated in Cambodia, China, the Lao People's Democratic Republic and Viet Nam. She reiterated that the challenges associated with health professional education extend beyond the narrowly defined health sector and beyond a single level of policy purview, which highlighted the need to work effectively across governments and stakeholders.

In his address, Professor Le Quang Cuong, Vice-Minister, Ministry of Health, Government of Viet Nam, welcomed the participants to the meeting. He recognized the challenges that the health workforce in Viet Nam has been facing, such as shortages of health professionals, including qualified educators. Skill-mix imbalances, combined with concentration of health workers in urban areas, were affecting access to quality health services. He emphasized that the Government of Viet Nam remains committed to

addressing these challenges and that health professional education reforms have been identified as a strategic priority.

2.2 Setting the scene

Dr Indrajit Hazarika, Technical Officer, Health Workforce Policy, WHO Regional Office for the Western Pacific, highlighted the demographic and epidemiological trends, socioeconomic development, and rapid advances in science and information technology that are driving transformations in health services and health professional education. The current education systems suffer from outdated curricula and teaching methods, and shortages of resources required to make desired changes. The lack of faculty and faculty development, unsupportive culture and norms in health professional education, insufficient channels for sharing information and best practices, and limited oversight processes were identified as important challenges. He emphasized that realization of the reforms in health professional education will require a series of instructional and institutional changes. He presented a framework (Annex 4) that identified the interlinkages between the different institutional and instructional elements, as well as potential points of entry to initiate these changes.

2.3 Country overviews

Individual countries provided an overview of their health professional education system, outlining their key issues and challenges, and also identified priorities for action.

Cambodia

The Ministry of Health and the Ministry of Education Youth and Sports have been working together to improve the education of health professionals in Cambodia. Within the Ministry of Health, the Human Resources Development Department is the responsible authority.

The country has six public and 11 private health training institutions, of which seven are located in the capital city and 10 in the provinces. While the Accreditation Committee of Cambodia is responsible for institutional and programme accreditation, these institutions have not been accredited. Although there is a requirement for institutions to conduct internal quality assessments, this is not done regularly. For most institutions, shortages in clinical placement sites and clinical preceptors are an important challenge.

The National Exit Examination (NEE) was introduced to standardize the quality of health professional education but resource shortages have impacted the continuation of the Objective Structured Clinical Examination component of the NEE.

The identified priorities include the revision to Sub decree 21, the finalization of the joint *prakas* on minimum standards and criteria for training institutions for health, the review the NEE process, review national curricula to match the agreed competency frameworks, and advocacy to increase civil service recruitments to meet health system needs.

China

Considerable progress has been made in increasing the size of the health workforce in China. The workforce increased by 2 078 000 individuals (24%) during the period 2011–2015 compared to 2006–2010. Health workforce planning has been guided by the Healthy China 2030 plan and the National Health Workforce Development Plan (2016–2020).

In 2015, there were 1600 health-related specialties in secondary vocational schools nationwide, with 700 000 enrolled students. In 2016, there were 2600 health-related specialties in higher professional schools, with 470 000 enrolled students.

Despite these achievements, several challenges persist. For the bachelor’s degree programmes, these include the low calibre of enrolled students, lack of internship postings and variability in the quality of the training across the different regions. For postgraduate degree programmes, the challenges include variations in the quality of education among the different training institutions, unsatisfactory salary and benefits packages for interns, weak internship programme for general practitioners, and outdated curricula and pedagogical methods. In addition, although the continuing medical education programmes have wide individual and institutional coverage, there are challenges related to the management and relevance of these programmes, the instructional methods and their application, and a lack of clear understanding of the target audience.

The identified priorities include efforts to strengthen synergy between the National Health and Family Planning Commission and the Ministry of Education; efforts to strengthen postgraduate training by introducing salary and benefits reforms, improving the quality of training and addressing the shortages of qualified faculty; and efforts to improve the continuing medical education programmes by developing a new policy, including the development of guidelines and protocols on their organization, management and evaluation.

Lao People’s Democratic Republic

The Department of Training and Research of the Ministry of Health is responsible for training and supervises all education, pre-service and in-service training in the Lao People’s Democratic Republic. The University of Health Sciences is the main public training institution and offers seven programmes.

There is currently no system for accreditation of health professional education in place. A system for quality assurance has recently been established, including the establishment of a quality assurance committee in each of the training institutions to monitor and evaluate programmes internally.

The main issues and challenges identified relate to the curriculum design, the capacity of the existing faculty, the lack of supply of equipment and materials, the shortages of clinical practice sites, limited management and leadership capacity of training institutions, and infrastructure limitations.

The identified priorities include designing and introducing a national examination to certify the competence of graduates; introducing a system for accreditation of institutions; securing support for faculty development; improving the learning environment in hospitals, including supervised clinical

practice; further strengthening the Education Development Center at the University of Health Sciences as a national resource; and leveraging resources including skills labs and simulation models.

Viet Nam

There are 185 health profession training institutions (90 public and 95 private) in Viet Nam. Of these, 41 offer university-level degrees, 53 offer college degrees and 91 offer vocational courses. The number of medical schools has increased from eight in 2000 to 23 in 2016.

The key challenges identified include the lack of strategic planning in terms of skill mix and the geographical distribution of health workers. Shortages of health professionals (both quantity and quality), limited resources to support institutional and educational reforms, overcrowded institutions and curricula, and lack of quality assurance (accreditation) were listed as additional challenges.

The identified priorities include setting a vision for the health system, outlining the strategy for health professional education based on national demand (health system) and supply (education system), continuing the support for curriculum reform, improving continuing professional development opportunities, introducing a national licensing exam, and establishing systems for programme and institution accreditation.

2.4 Technical sessions

The technical sessions were structured as follows:

- 1) a country case study relevant to the session topic and presented by a country participant;
- 2) a topical overview delivered by a temporary adviser that included information on current practices from different countries in the region and globally; and
- 3) country-specific group work to identify the key issues related to the session topic, including a discussion and identification of priorities to address them.

Session I: Addressing the health professional education reform challenges – curriculum reforms

Professor Tran Diep Tuan presented the current initiatives undertaken in Viet Nam to introduce a competency-based curriculum. He highlighted the challenges associated with the existing medical school curriculum and its implementation, including their content-based nature, traditional pedagogy, strong hospital focus, large student batch size, lack of comprehensive assessments, and limited mechanisms and structures to support continuing quality improvement.

To address these challenges, efforts are under way in Viet Nam to develop integrated, practice- and competency-based curricula; reinforce students' abilities in knowledge application, problem-solving, clinical and social competence; introduce comprehensive assessments; support faculty development programmes; and institute mechanisms for continuing quality improvement. There are also ongoing discussions to introduce a national licensing exam.

For these efforts to be effective, he emphasized that it will be important to secure financial and political support, establish a "change" environment, develop international strategic and technical partnerships, support faculty development programmes and set mechanisms to oversee the curriculum reform process.

Professor Michael Kidd presented key policy questions related to the design and implementation of a competency-based curriculum: What are some of the lessons learnt? What have been the challenges in implementation and how can they be tackled?

He emphasized that curriculum development should be determined by detailed learning objectives, expected competencies, and based on community needs. This should guide the core curriculum development goals designed to facilitate the achievement of these competencies. The best teaching methods and educational experiences can then be selected to accomplish the objectives and plan a longitudinal curriculum. It is important to establish a system for evaluation and feedback of learners. Additionally, it is important to establish or meet criteria for programme evaluation, recognition and certification.

Among others, Professor Kidd presented the Institute of Medicine's five core competencies needed for health-care professionals: (1) provide patient-centred care; (2) work in interdisciplinary teams; (3) employ evidence-based practice; (4) apply quality improvement; and (5) utilize informatics.

Following the presentations, participants worked in groups to further deliberate the current status of curriculum reforms in their countries, identify the key issues and develop strategies to address them.

Key discussion points for this session

- The curriculum reform process should be preceded by a clear articulation of a vision for the health system, addressing the current and future individual and population needs. The curriculum should then be designed to produce health professionals with requisite competencies to provide these services.
- Review and revision of the curricula should be accompanied by commitment to invest resources on its implementation. This should include resources to support faculty development to facilitate the introduction of contemporary pedagogical methods and techniques.
- The curriculum reform process should encourage dialogue, open exchange and discussion among different stakeholders including educators, health service providers and regulators.
- The implementation of the curriculum reforms should be closely monitored via the establishment of agreed criteria for reform evaluation.
- Clinical placements, with their complex environments and working relationships, carry powerful messages about what activities are considered important or not. These implicit understandings and professional values influence learners in unexpected ways. Learners gain clinical knowledge and skills within a particular context, but also learn much about professional ethics and disciplinary cultures. These experiences, often referred to as the “hidden” curricula, can provide insights into what it is to be a health professional and also have a subtle influence on a learner's professional identity.
- The curriculum should be considered a “live” document and should be regularly updated to keep up with advances in medical scientific knowledge and technology.
- Curricula should focus on competencies that extend beyond clinical knowledge and skills, such as management, education and training, information technology, communication and team building.
- The curriculum reform process should aim to inculcate a culture of lifelong learning.

Session II: Addressing the health professional education reform challenges – faculty development

Professor Ketsomsouk Bouphavanh discussed the experiences of the Education Development Center (EDC) in the Lao People's Democratic Republic. He mentioned that the health workforce in the country faces challenges related to shortages and imbalances in skill mix and distribution of qualified health workers. The urgent need to scale up and improve the quality of health professional education has been identified but is limited by inadequate educational capacity. To respond to the need for a resource centre for educational development for health professions, the EDC was established in 2011 at the University of Health Sciences with the purpose to act as a focal point for educational reform, coordination and capacity-building.

To perform this role, the EDC mobilizes experts and support from the university faculty and affiliated hospitals. The Center has also evolved as a focal point for collaboration with development partners who contribute to educational development in the country. It continues to work closely with the Department of Training and Research and other departments of the Ministry of Health.

Since its establishment, the EDC has contributed to the development of quality standards for monitoring educational development of universities, helped develop a five-year strategic plan for the University of Health Sciences, conducted workshops on educational leadership and institutional governance, and offered continuing professional development and training for senior faculty, including training of provincial training management teams.

The EDC continues to work towards strengthening training units in clinical settings, improving clinical teaching skills, developing educational assessment books and revising logbooks. It is currently assisting with the preparation of quality standards for accreditation as well as formulation of national competencies for the design of the licensing examination. The EDC plans to develop a teacher training curriculum, a guideline for teacher practice, a teacher assessment manual and a teacher assessment system and to implement short- and long-term training in medical education.

In his presentation, Professor Jwa-Seop Shin addressed key policy questions related to faculty development that included a discussion on the critical roles of faculty development in producing competent profession-oriented graduates; the role of institutional policies in promoting faculty development; and the importance of international collaboration to address challenges related to faculty development.

The presentation highlighted the core roles of faculty in teaching, research and services (clinical, administrative, network building). The faculty can be an important driving force to change the institutional culture, system and policy, with implications for the institution's reputation. Although in the narrow sense, faculties help improve instructional skills, curriculum design and the organizational milieu, in the broader sense, they are critical for programme design and institutional development.

The ADDIE framework provides a useful tool to guide faculty development:

- **Analyse** – analyse needs, relevant learner characteristics and tasks to be learned;
- **Design** – define objectives and outcomes, and select an instructional approach;
- **Develop** – create the instructional materials;
- **Implement** – deliver the instructional materials; and
- **Evaluate** – ensure that the instruction achieved the desired goals.

Sometimes, a non-instructional solution is more effective than the instructional approach in addressing faculty needs. These include feedback, job performance aids, reward systems and employee selection. Designing a career pathway for the faculty is equally important. This may involve an organizational redesign depending on the career stage of the faculty. For example, in teaching, entry-level faculty members may be involved in lecturing, facilitating and developing materials; mid-level faculty in course organization and evaluation; and senior-level faculty more in quality control and accreditation. Similarly, for administrative tasks, entry-level faculty may be involved in the development of operating procedures and reporting; mid-level faculty in coaching, mentoring, directing and conflict management; and senior-level faculty in organizational development, change management, funding and brokering.

Following the presentations, participants worked in groups to further deliberate the current opportunities for faculty development in their countries, identify the key issues and develop strategies to address them.

Key discussion points for this session

- Faculty are not only agents of knowledge transmission but important role models for students. They play a critical role in ensuring that health graduates are competent not only in the individual provision of health care but also as members of a multidisciplinary team.
- The policy environment, institutional arrangements, organizational culture and resource availability can have important implications for faculty development opportunities.
- Effective modalities of faculty development can have a positive influence on their performance, motivation, satisfaction and productivity. In some instances, appraisals and other non-instructional methods can be more effective than opportunities for continuing skills development.
- Taking advantage of information technology for distance learning, collaborative connectivity, and knowledge management can increase avenues for faculty development.
- Timely adaptation of global teaching and learning resources, such as translation into local languages, can harness the potential for transferring global knowledge and experiences.
- Opportunities for faculty development should be explored through linkages via networks, alliances and consortia between educational institutions worldwide and across allied sectors.

Session III: Addressing the health professional education reform challenges – student assessment

Professor Han Chanvohreak presented the design and implementation of the National Exit Examination (NEE) in Cambodia, which was introduced following a prime ministerial sub-decree (21) on the establishment of a National Examination Committee in 2011. Subsequently, a road map for the implementation of the NEE was developed that outlined the formation of technical working group for each discipline, consisting of representatives from private and public institutions. These working groups were responsible for developing valid and reliable tools to test the core competencies.

The purpose of the NEE is to test the competencies of health professional graduates to ensure that they have adequate knowledge and skills for practice. The examination assesses both knowledge and skills through written multiple choice questions (MCQs) and an objective structured clinical examination.

The introduction of the NEE has led to standardized assessments of health graduates and the introduction of a transparent process for student assessment with indirect impact on improving the quality of training programmes in health.

The NEE is currently organized with technical support from the National Examination Committee and administered by the Human Resources Development Department of the Ministry of Health.

Given that the NEE is a labour- and resource-intensive process (more than 500 medical students sat the exam in 2015), concerns have been raised regarding its long-term feasibility, especially under the current administrative arrangements. The opinion that the responsibility of organizing the NEE should gradually be transferred to a dedicated unit or institution is growing.

Professor Erlyn Sana discussed key policy questions related to student assessment, including a discussion of the type of assessments that is effective at the various stages of health professional education; the use of student assessments as a measure of the quality of education and training; and current initiatives undertaken by countries to standardize and strengthen student assessment.

Assessments in general involve the collection and organization of data to measure how learners have achieved the expected levels of competencies as a result of instruction. The assessments should be designed to measure learning outcomes, competencies and objectives.

Depending on the level of comprehension, the assessment can be designed to test:

- knowledge – through written assessments (essay, short answer questions, completion questions, MCQ, extended matching type, modified essay, patient management problems, progress test, dissertation, report, etc.);
- practical knowledge – through written assessments (essay, short answer questions, completion questions, MCQ, extended matching type, modified essay, patient management problems, progress test, dissertation, report, etc.);
- demonstration of knowledge – through clinical/practical assessment (long case, practical examination, spot examination, objective structured clinical examination, objective structured practical examination, objective structured long examination record, group objective structured clinical examination, tutor's report, checklist, rating scale, patient report, etc.)
- performance – through portfolios, other records of performance, logs, procedure logs, peer assessment and self-assessment.

Several countries have introduced licensing examinations with the objective of conducting performance-based assessments. These examinations may include a combination of written and practical examinations. Success in the examination may be a requirement for registration with the professional regulatory authority.

Following the presentations, participants worked in groups to further deliberate on the role of assessment in monitoring and evaluating the performance of students and faculty. The group discussions allowed participants to share country-level experiences in the design and implementation of assessments and identify priorities for improvement.

Key discussion points for this session

- Student assessment should serve two main functions: evaluation of current knowledge and the translation of the knowledge into practice.
- Among learners, assessment should be designed to foster learning, inspire confidence and enhance the ability to self-monitor individual progress.
- The findings and observations from assessments should be used to inform curriculum changes and to certify achievement of curriculum goals.
- Student assessment should also be used as an indirect measure of faculty performance, besides offering comparative data on the quality of educational programmes.
- The validity and reliability of the assessments are important to ensure that the students possess the knowledge, skills, and professional/personal values required for the next level of training or to serve as an independently functioning entry-level practitioner.
- Advances in technology such as the use of techniques to test clinical skills also hold the potential to revolutionize health professional education, offering students the opportunity to customize their learning and to progress at their own pace and at geographic locations that meet their educational needs. Such an approach would need to be closely monitored by faculty and validated through testing.

Session IV: Addressing the health professional education reform challenges – quality assurance

Mr Wang Songling presented the process of introducing quality assurance mechanisms in China. These mechanisms have been introduced for courses in clinical medicine, dentistry, traditional Chinese medicine, nursing and Chinese pharmacy. All these disciplines have developed their professional standards, set up verification agencies, and have verified colleges and universities with relevant specialties. The guiding ideology has been the promotion of evaluation and excellence, adopting a student-centred and continuing improvement approach.

To advance this approach, work began in 2002 with the development of the project of undergraduate medical education standards by the Ministry of Education. In 2005, these standards were approved the Ministry of Education and the Ministry of Health. In 2006, they were piloted to verify their validity and reliability. In 2008, the two Ministries jointly issued the Chinese Undergraduate Medical Education Standards, including the establishment of a so-called expert committee and working committee under the Ministry of Education. In 2009, verification of medical schools was undertaken using the national standards of medical education. In 2011, a secretariat working group was established. The standards were revised/updated in 2015. These are considered to be equivalent to international standards and include 22 standards and 44 sub-standards. By the end of 2016, 58 medical colleges had been certified through a spot investigation evaluation and monitoring.

The evaluation process includes three tracks: student evaluation, peer teacher evaluation, and supervisor evaluation. It involves all basic and clinical faculty. After conducting classroom visits, feedback is provided to the school leadership, administrators, inspection experts and peer faculty based on the findings. The teachers themselves are also given this feedback, together with other forms of feedback.

The quality assurance system and its processes are still evolving and maturing. The current challenges include unbalanced regional capacities to conduct these evaluations, development and construction of quality indicators, and incomplete institutionalization of routine assessments.

Professor Ducksun Ahn discussed the different component structures that are needed in the accreditation system, that is, for institutional versus programme accreditation. He also highlighted the influence of quality assurance mechanisms in improving the quality of health professional education and training. The purpose of accreditation is to build a competent health workforce by ensuring the quality of training taking place within institutions. Within this context, quality assurance mechanisms play an important role in setting the educational and professional standards. The need for innovative and effective approaches to quality assurance of health professional education was recognized. Accreditation and other processes should not be perceived as a means to an end, but as a path to encourage and instil a culture of continual quality improvement.

Key discussion points for this session

- Accreditation plays an important role in establishing and ensuring the quality of health professional education. It is important to ensure that accreditation standards emphasize professionalism and ethics.
- Modalities and systems for quality assurance should be determined by the professional needs and dictated by the country context and availability of resources, but should remain comparable to international standards.
- Quality assurance mechanisms should operate within a legal framework that ensures autonomy of the system as well as independence of the quality assessment from government, the training institutions and the profession. The legal framework must authorize the accrediting body to set standards, conduct periodic evaluations, and confer, deny and withdraw accreditation of training schools and their programmes.
- The standards or criteria must be predetermined, agreed upon and made public. These should be used as the basis for the process (self-evaluation, external evaluation, recommendations and final decision on the quality of education).
- Beyond standard setting, quality assurance mechanisms should be able to promote learning organizations in the health system with a focus on improving quality and patient safety.

2.5 Country-specific action plans

The country presentations identified the following priorities for health professional education reforms.

Cambodia

The need to reform the curriculum to align with the core competency framework was identified as an immediate priority. In addition, investments and efforts to develop the faculty development programme were recognized. This would require exploring support from international partners, student and staff exchange programmes, and access to online teaching and learning resources.

To sustain the NEE and to enhance its quality, the importance of establishing a National Education Development Center was recognized. However, this would require support from development partners. In the interim, continued support will be extended to the standardization of ongoing student assessment, including the establishment of an objective structured clinical examination as a summative clinical assessment tool in all training institutions.

The finalization of the joint *prakas* (proclamations) on “minimum standards and criteria for training institutions for health” and “criteria for establishing specialist courses” was seen as key to the establishment of a quality assurance system for health training institutions.

China

The focus will be on strengthening the integration of the basic and clinical sciences curricula using an organ and body system approach. In addition, efforts will also be made to strengthen the standardized residency training programme that was introduced in 2014.

To increase opportunities for faculty development, the option of establishing a national centre for faculty training will be considered. This will require fiscal commitment from the central government but will be important to address the regional variations in the quality of education and training.

Further efforts will be undertaken to strengthen student assessments, ensure its comprehensiveness and use it as a means to follow up on the acquisition and maintenance of competencies in the long term. In addition, efforts will be undertaken to improve the quality assurance system to ensure that it matches recognized internationally standards.

Lao People’s Democratic Republic

Addressing the discord between universities and hospitals with regard to clinical placements and training was seen as an immediate priority. In most clinical placement sites, the preceptors used traditional teaching methods that are ineffective in developing clinical skills. It was also pointed out that the clinical skills and competency of the training units in hospitals need to be improved and increased.

To strengthen student assessment, there are plans to develop an assessment book for clinical skills, a skills logbook for students and a student assessment policy. In addition, planning is ongoing to introduce a national examination in 2019, initially for medicine and dentistry, followed by other health professions. In addition, professional registration of nurses and midwives will be introduced in 2018.

Viet Nam

The development of the template for a standardized undergraduate medical curriculum that supports delivery of outcome- and competency-based medical education was pointed out as an urgent priority. In addition, the establishment of a formal internship programme (12 or 18 months) and, in the longer term, postgraduate specialty training programmes were also recognized as priorities. This would require the developing an implementation plan to support hospitals and health facilities so they can offer internships and start implementing such programmes initially in selected university-affiliated provincial hospitals.

Other priorities would include the development of university faculty and clinical preceptors (at university-affiliated hospitals) to equip them with the knowledge, skills and tools that support profession-oriented medical education, including through the establishment of education steering committees at each university and a mechanism to ensure university faculty are engaged in clinical practice and vice versa. National standards for medical school programmes should be set and programmes accredited against those standards.

Another priority area that was identified was the establishment of a professional regulation system that will cover licensing and specialist certification and the ongoing regulation of practice by licensed doctors.

2.6 Country-specific sessions

Recognizing that each country is at a different stage in the health professional education reform process, a one-size-fits-all approach appears impractical. The WHO Regional Office for the Western Pacific and WHO country offices will work with Member States on the challenges and issues highlighted during the country-specific discussions.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

In view of the changing health systems and health service needs, health professional education reforms are necessary and timely. These reforms should promote contemporary competencies, critical reasoning and ethical conduct to produce practitioners that are responsible and responsive members of people-centred health systems.

Broad engagement at all levels – local, national and regional – will be important. It should include collaboration between key stakeholders, especially ministries of education and health, professional associations and the academic community, for policy- and priority-setting. This should be accompanied by strong advocacy to increase investments to reinforce the professional education system.

Growing demand for chronic long-term care mandates a paradigm shift in approaches to service delivery, especially the need for multidisciplinary practice. Core to a redesigned health system will be a health workforce equipped with competencies to deliver integrated people-centred care. The reforms in the professional education system should support the production of health professionals with requisite competencies.

The current curriculum and pedagogical approaches indicate the need for a change to promote transformative learning. The use of active learning or student-centred pedagogical methods should be encouraged to enhance learning outcomes and allow development of capabilities to extract and synthesize knowledge that is necessary for clinical and population-based decision-making.

Traditionally, the majority of clinical education occurs in hospitals. Within the curriculum reforms, a sustained shift towards community and primary care teaching is necessary at both undergraduate and graduate levels.

Faculty members are the ultimate resource of all educational institutions. In most countries, faculty challenges consist of heavy teaching loads, low access to professional resources, limited career development opportunities, competing demands for research and unattractive remuneration. Focus on all facets of faculty development, including academic and career development, teaching improvement and leadership development, will be critical.

Assessment and evaluation are integral components of overall educational activities. They should be designed prospectively along with learning outcomes and should match the competencies and pedagogical formats. They should provide a reliable and generalizable measure of students' progress in acquiring core knowledge and competencies.

Ensuring continuing competence of health practitioners necessitates strong linkages and collaboration among education institutions and regulatory authorities in line with the health service needs. This includes the creation of valid measures to evaluate the quality of education and continuing professional competencies, with an emphasis on ethical practice, professionalism and social competencies.

The aim of quality assurance mechanisms, such as accreditation, is to ensure that health professionals are properly educated and competent to practice. The evaluation of programmes and institutions should not be limited to the processes and standards, but also include an assessment of the educational outcomes. The engagement of government, professional bodies, and the academic community is essential in the process.

3.2 Recommendations for Member States

The meeting recommended the following to Member States:

- 1) working on the strategies identified to address the country-specific challenges to strengthen health professional education reforms;
- 2) initiating or continuing policy dialogues at the national level to garner support for the implementation of the identified strategies to strengthen health professional education reforms, leveraging on the expertise available in the Region;
- 3) strengthening linkages between education and health sectors, regulators and other quality assurance mechanisms with the objective of advancing the quality of health professional education;
- 4) introducing curriculum reforms and creating opportunities for faculty development with the intent of improving educational outcomes and producing ethical practitioners;

- 5) designing and introducing comprehensive assessment methods that reliably measures the educational outcomes and provide important data to determine programme effectiveness; and
- 6) instituting appropriate quality assurance mechanisms to ensure that health professionals are properly educated and competent to practice.

3.3 Recommendations for WHO

The meeting recommended the following to the WHO Secretariat:

- 1) supporting countries in the implementation of the health professional education reforms and workforce regulation with the objective of preparing a health workforce competent to deliver quality, safe and people-centred health services;
- 2) continuing to work closely with the WHO country offices, academic institutions, collaborating centres and other stakeholders to support and strengthen ongoing health professional education reforms;
- 3) encouraging and facilitating regional collaboration to strengthen the capacity of governments, professional bodies and the academic community at the country level; and
- 4) providing country-specific support:

- i. Cambodia

technical support for the finalization of the draft joint *prakas* on the accreditation of training institution for health, technical support for the expansion of the NEE to additional health professional cadres and technical assistance for the implementation of competency-based curricula

- ii. China

technical support to improve the implementation of the continuing professional development initiatives and technical assistance to introduce salary and benefits reforms in public hospitals

- iii. Lao People's Democratic Republic

technical support for the introduction of the registration and licensing requirements, especially in building the capacity of the Health Professional Board, and for the implementation of the accreditation standards and processes, and continued support to the Education Development Center on faculty development

- iv. Viet Nam

technical support to carry forward the medical education reform agenda, including the establishment of an accreditation mechanism, technical support for the introduction of a licensing examination for health professionals, and support for the finalization and dissemination of the medical competency-based curriculum framework.

PROGRAMME OF ACTIVITIES

Time	Day 1 (27 February 2017)	Time	Day 2 (28 February 2017)
08:00–08:15	Registration	08:00–08:15	Welcome and Review of the Day's Agenda and Objectives <i>Summary of Day 1</i>
08:15–08:45	Welcome, Opening Remarks and Introductions <i>Welcome / Administrative announcements</i> <i>Opening Remarks and Objectives of the meeting</i> <i>Introductions</i> <i>Open Space [Introduction to the process]</i>	08:15–09:45	Session V: Addressing the Health Professional Education Reform Challenges – Student Assessment
08:45–09:30	Session I: Setting the Scene – Driving Health System Transformation through Health Professional Education Reforms	09:45–10:00	Mobility Break
09:30–09:40	Group photo	10:00–11:30	Session VI: Addressing the Health Professional Education Reform Challenges – Quality Assurance
09:40–10:00	Mobility Break	11:30–12:30	Session VII: Open Space
10:00–12:00	Session II: Status of Health Professional Education Reforms - Country Overview	12:30–13:30	Lunch
12:00–13:00	Lunch	13:30–15:30	Session VIII: Country Template Presentations
13:00–14:30	Session III: Addressing the Health Professional Education Reform Challenges – Curriculum Reforms	15:30–15:45	Mobility Break
14:30–14:45	Mobility Break	15:45–16:00	Session IX: Summary & Conclusion
14:45–16:15	Session IV: Addressing the Health Professional Education Reform Challenges – Faculty Development	16:00–17:30	Country-Specific Discussions <i>[WHO Secretariat with Country Participants]</i> Cambodia Lao People's Democratic Republic Viet Nam
16:15–17:00	Country-Specific Discussions		
17:00–18:00	Welcome Reception (Light dinner)		

LIST OF PARTICIPANTS, TEMPORARY ADVISERS, OBSERVERS AND SECRETARIAT

1. PARTICIPANTS

CAMBODIA

Dr Youttiroung Bounchan, Dean of Faculty of Medicine, University of Health Sciences, 73 Monivong Blvd., Phnom Penh,
Telephone: 011 768 593, Email: youttiroung@uhs.edu.kh

Associate Professor Chanvohreak Hang, Vice-Rector, University of Health Science, 73 Monivong Boulevard, Sras Chork, Daun Penh, Phnom Penh,
Telephone: 012 484 817, Email: chanvohreakhang@uhs.edu.kh

Mr Kimseat Hean, Vice Chief of Accountant, Pharmacy Council of Cambodia, 47B Street 351 Sangkat Nerot, Khan Chbar Ampov, Phnom Penh, Telephone: 012 983 334, Email: hkimseat@yahoo.com

Mr Chansophea Ros, Chief of Policy and Curriculum Office, Department of Higher Education, Ministry of Education Youth and Sports (MoEYS) No 169 Norrodom Blvd, Phnom Penh, Telephone: 017 345 758
Email: sopheadhe@yahoo.com

Dr Phom Samsong, Deputy Director of Human Resources Development Department, Ministry of Health, 80 Pennut Avenue, Phnom Penh
Telephone: 012 822 035, Email: psamsong@yahoo.com

HE Professor Kruey Thir, Secretary of State, Ministry of Health 80 Pennut Avenue, Phnom Penh, Telephone: 12 812 145
Email: krueythir@gmail.com

**PEOPLE'S
REPUBLIC
OF CHINA**

Mr Dang Yong, Consultant, National Health and Family Planning Commission of China, 1 Xizhimenwai Nanlu, Xicheng District, Beijing
Telephone: 86-10 68792258, Email: dangyong@163.com

Mr Liu Jun, Deputy Director, Division of Curriculums and Teaching Materials
Department of Vocation & Adult Education, Ministry of Education
No. 37 Damucang Hutong, Beijing, Telephone: 86-10-66096722
Email: liujun0327@moe.edu.cn

Mr Song Xianbao, Director of Continuing Education Division
Ministry of Education, Friendship Hotel, No 1 Zhongguancun South Street

Haidian District, Beijing, Telephone: 86-10-68945371
Email: 15755193@qq.com

Mr Wang Bo, Program Officer, Department of Health Science, Technology and Education, NHFPC, Friendship Hotel, No 1 Zhongguancun South Street Haidian District, Beijing, Telephone: 86-13 911796496
Email: wangbo@nhfpc.gov.cn

Mr Wang Songling, Vice-President, Capital Medical University
10 Xitou Tiao, You Anmen, Fengtai District, Beijing
Telephone: 86-83911708, Email: slwang@ccmu.edu.cn

**LAO
PEOPLE'S
DEMOCRATIC
REPUBLIC**

Mr Ketsomsouk Bouphavanh, Director of Education Development Center, University of Health Sciences, Vientiane
Telephone: (856) 21 254820, Email: ketvanh@yahoo.com

Mrs Phengdy Inthaphanith, Head Office of Healthcare Professional Regulatory, Department of Healthcare, Ministry of Health
Vientiane, Telephone: (856) 020 22483666, Email: phengdys@yahoo.com

Mr Vongsinh Phothisanesak, Faculty of Medicine, University of Health Sciences, Vientiane, Telephone: (856) 205 5405207
Email: vongphothi@gmail.com

Dr Phisith Phoutsavath, Deputy Director General, Health Care Department, Ministry of Health, Sisathanak District, Vientiane
Telephone: (856) 20 99966198, Email: psavath@gmail.com

Mr Mithong Souvanvixay, Director General of Pre-school and Primary Education Department, Ministry of Education and Sports
P.O. Box 67, Vientiane, Telephone: (856) 21 911 484
Email: souvanvixay@gmail.com

Mr Khampasong Theppanya, Deputy Director General, Health Personnel Department, Ministry of Health, Sisathanak District, Vientiane,
Telephone: (856) 20 22414 001, Email: pasong05@yahoo.com

VIET NAM

Mr Bui Ha, Rector, Hanoi University of Public Health
1A Due Thang Street, Duc Thang Ward, Bac Tu Liem District, Hanoi
Telephone: (84.4) 0913363603, Email: bth@hupb.edu.vn

Ms Bui My Hanh, Senior Lecturer, Department of Tuberculosis & Lung Disease, Hanoi Medical University, Hanoi, Telephone: (84.4) 983 070973
Email: buimyanh@hmu.edu.vn

Mr Do Van Nhung, Senior Expert, Higher Education Department
Ministry of Education and Training, 36 Dai Co Viet, Hanoi
Telephone: (84.4) 38680407, Email: dvnhung@moet.edu.vn

Dr Luong Ngoc Khue, General Director, Department of Medical Service
Administration, Ministry of Health, 138A, Giang vo, Ba dinh, Hanoi
Telephone: (84 4) 919121818, Email: khuebyt@yahoo.com

Mr Nguyen Huy Quang, Director, Legal Affairs Department
Ministry of Health, Hanoi, Telephone: (84.4) 627 4979
Email: quangnh10@yahoo.com

Mr Nguyen Minh Loi, Vice Director, Administration of Science
Technology and Training, Ministry of Health, 138B Giang Vo Ba Dinh
Hanoi, Telephone: (84.4) 38435666
Email: ngminhloi@gmail.com

Dr Ta Thanh Van, Professor and Vice-President of Hanoi Medical
University, No 1 Ton That Tung St., Dong Da, Hanoi
Telephone: 0912272922, Email: tanthanhvan@hmu.edu.vn

Dr Tran Tuan Diep, President, University of Medicine and Pharmacy
217 Hong Bang Street, Ward 11, District 5, Ho Chi Minh
Telephone: (84) 985 598 528, Email: dieptuan@ump.edu.vn

Mr Tran Viet Hung, Vice Director of Manpower and Organization
Department, Ministry of Health, 138A, Giang vo, Ba dinh, Hanoi
Telephone: 0903411266, Email: hungtv62@gmail.com

2. TEMPORARY ADVISERS

Dr Ahn Ducksun, President, Korean Institute of Medical Education and Evaluation,
Seongbuk-Gu, Seoul, Republic of Korea, Telephone: (82) 10-9187-1417,
Email: dsahn@korea.ac.kr

Professor Michael Richard Kidd, Professor of Global Primary Care Southgate Institute of
Health, Society and Equity, Flinders University, GPO Box 2100, Adelaide SA 5001, Australia
Telephone: (61) 414578065, Email: Michael.kidd@flinders.edu.au

Professor Erlyn Sana, National Teacher Training Center for the Health Profession, University of the Philippines Manila, Central Block Building, Philippine General Hospital, Taft Avenue, Manila, Philippines, Telephone: (632) 454 2576, Email: easana@up.edu.ph

Professor Jwa-Seop Shin, Professor, Seoul National University, College of Medicine, 103 Daehak-ro, Jongno-gu, Seoul, Republic of Korea, Telephone: (82-2) 140-8175, Email: hismed1@snu.ac.kr

3. OBSERVERS

**ASIAN
DEVELOPMENT
BANK**

Professor Sophal Oum, Consultant, Asian Development Bank
Lao People's Democratic Republic: Strengthening Capacity for Health Sector Governance Reforms, 6 ADB Avenue, Ortigas, Mandaluyong, Philippines, Telephone: (63 2) 632 4444, Email: sophal_oum@yahoo.com

**GUNMA
UNIVERSITY**

Dr Akinori Kama, Professor, Gunma University
WHO Collaborating Centre for Research and Training on Interprofessional Education, 3-39-22 Showa, Maebashi, Gunma 371-8514, Japan, Telephone: (81) 27-220-8945 , Email: kamaa@gunma-u.ac.jp

Dr Hideomi Watanabe, MD, PhD, Vice Dean, Graduate School of Health Sciences, Professor, Department of Rehabilitation Sciences, Gunma University, WHO Collaborating Centre for Research and Training on Interprofessional Education 3-39-22 Showa, Maebashi, Gunma 371-8514, Japan Telephone: (81) 27-220-8945, Email: watanabeh@gunma-u.ac.jp

**HEALTH HUMAN
RESOURCES
DEVELOPMENT
CENTRE (HHRDC)**

Dr Junhuan Zhang, Vice Director, China National Health Development Center, WHO Collaborating Centre for Human Resources for Health, Beijing, People's Republic of China Telephone: (86) 10-82801232, Email: junhuazhang@hotmail.com

**JAMES COOK
UNIVERSITY**

Associate Professor Caryn West, Director
WHO Collaborating Centre for Nursing and Midwifery, Education and Research Capacity Building, P.O. Box 6811, Cairns 4870, Queensland, Telephone: (61) 7 423 21825, Email: caryn.west@jcu.edu.au

**JAPAN
INTERNATIONAL**

Dr Hirotosugu Aiga, MPH, Ph, Senior Advisor on Health & Nutrition Japan International Cooperation Agency (JICA)

**COOPERATION
AGENCY**

5th floor, Nibancho Center Bldg, 5-25 Niban-cho, Chiyoda-ku,
Tokyo, Japan, Telephone: (81) 3-5226-9329,
Email: Aiga.hirotsugu@jica.go.jp

**NATIONAL CENTER
FOR GLOBAL
HEALTH AND
MEDICINE**

Dr Norito Fujita, Director, Division of Global Health Programs
Department of Planning and Management, Bureau of International Health
Cooperation, National Center for Global Health and Medicine
Tokyo, Japan, Telephone: (81)-3-3202-7181, Email: norikof@it.ncgm.go.jp

Ms Chiyoko Hashimoto, Director, Division of Human Capacity Building
Department of Planning and Management, Bureau of International Health
Cooperation, National Center for Global Health and Medicine
Tokyo, Japan, Telephone: (81)-3-3202-7181,
Email: c-hashimoto@it.ncgm.go.jp

Ms Megumi Ikarashi, Expert on Project for Strengthening Clinical Training
System for New-Graduate Nurses, JICA Viet Nam Office, Hanoi, Viet Nam,
Telephone: (84)-0-97-600-6803, Email: m-ikarashi@it.ncgm.go.jp

**PARTNERSHIP
FOR HEALTH
ADVANCEMENT IN
VIET NAM (HAIVN)**

Dr Todd Pollack, Country Director, Health Advancement in Viet Nam
6th Floor, 27 Hang Bai Street, Hoan Kiem District, Hanoi, Viet Nam
Telephone: (84 4) 3664 7979, Email: todd@haivn.org

WORLD BANK

Dr Nareth Ly, Health Specialist, World Bank Country Office
Hanoi, 8th Floor, 63 Ly Thai To, Hanoi, Viet Nam
Telephone: +855-23 217 304, Email: nly1@worldbank.org

4. SECRETARIAT

Dr Vivian Lin, Director, Division of Health Systems, WHO Regional Office for the Western Pacific
1000 Manila, Philippines, Telephone: (632) 528 9951, Email: linv@who.int

Dr Indrajit Hazarika (Responsible Officer), Technical Officer, Health Workforce Policy, Division of
Health Systems, WHO Regional Office for Western Pacific, 1000 Manila, Philippines,
Telephone: (632) 528 9845, Email: hazarikai@who.int

Dr Momoe Takeuchi, Team Leader, No. 61-64, Preah Norodom Blvd. (corner Street 306)
Sangkat Boeung Keng Kang I, Khan Chamkamorn, Phnom Penh Cambodia, Telephone: 855 23 216610,
Email: takeuchim@who.int

Dr Tuohong Zhang, National Programme Officer, World Health Organization, 401, Dongwai
Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100600 Beijing,

People's Republic of China, Telephone: (8610) 6532-7189, Email: tuohongz@who.int

Dr Monica Fong, Team Leader, World Health Organization, 125 Saphanthong Road, Unit 5, Ban Saphangthongtai, Sisattanak District, Vientiane Capital, Lao People's Democratic Republic, Telephone: (856) 21 353-902 81831, Email: fongm@who.int

Dr Socorro Eescalante, Team Leader (Health Systems), World Health Organization, 304 Kim Ma Street, Hanoi, Viet Nam, Telephone: (84 4) 38500308, Email: escalantes@who.int

**SPEECH OF DR SHIN YOUNG-SOO, WHO REGIONAL DIRECTOR FOR THE WESTERN
PACIFIC, AT THE MEETING**

Distinguished participants, honoured guests, ladies and gentlemen:

Dr Shin Young-soo, WHO Regional Director for the Western Pacific, regrets not being able to join us due to previous commitments. He has asked me to send his regards and deliver these words.

In a changing world, health systems continue to face many complex and converging global, national and local challenges.

Being the human faces of the health system, health workers are at the forefront of the response to these challenges. Their role is being constantly redefined by the demographic, epidemiologic, socioeconomic and scientific trends.

Unfortunately, countries in the Region continue to experience shortages of health workers. Overspecialization in the workforce combined with skill-mix imbalances and distribution issues have left many people without access to quality services, especially at the primary health care level. To strengthen the provision of frontline health services, countries such as China and Viet Nam, have worked to increase the number of primary care physicians. But challenges persist.

To begin with, health professional education has not kept pace with emerging knowledge and technological advances. Countries in the Region face recurring educational issues that include shortages of qualified educators; inadequate budgets and resources of educational institutions; traditional teaching and learning methods; and poor linkages between health service demands and education systems.

Simply producing more will not be enough. Reforms in health professional education are required to produce competent professionals capable of responding to the changing needs of population groups impacted by emerging disease outbreaks, rapid rises in injuries and noncommunicable diseases.

Achieving Universal Health Coverage and the Sustainable Development Goals will require scaling up and reforming our educational and health systems. We must address not only the quantity, but also the quality and relevance of education in health professions.

These global commitments provide an opportunity to foster innovation in the education systems, engaging health professionals in critical reasoning and ethical conduct so that they are competent to participate in people-centred health systems as members of multidisciplinary teams.

The good news is that many countries have already started reforming health professional education. In Viet Nam efforts are underway to design and implement a competency-based curriculum and to introduce a national examination system. In Lao People's Democratic Republic, the Education Development Center has been actively supporting faculty development. In China, reform of instructional content and purpose has ushered modernization of medical education, including post-graduate and continuing education. In

Cambodia, standardization of student assessment has been targeted through the introduction of a national exit exam.

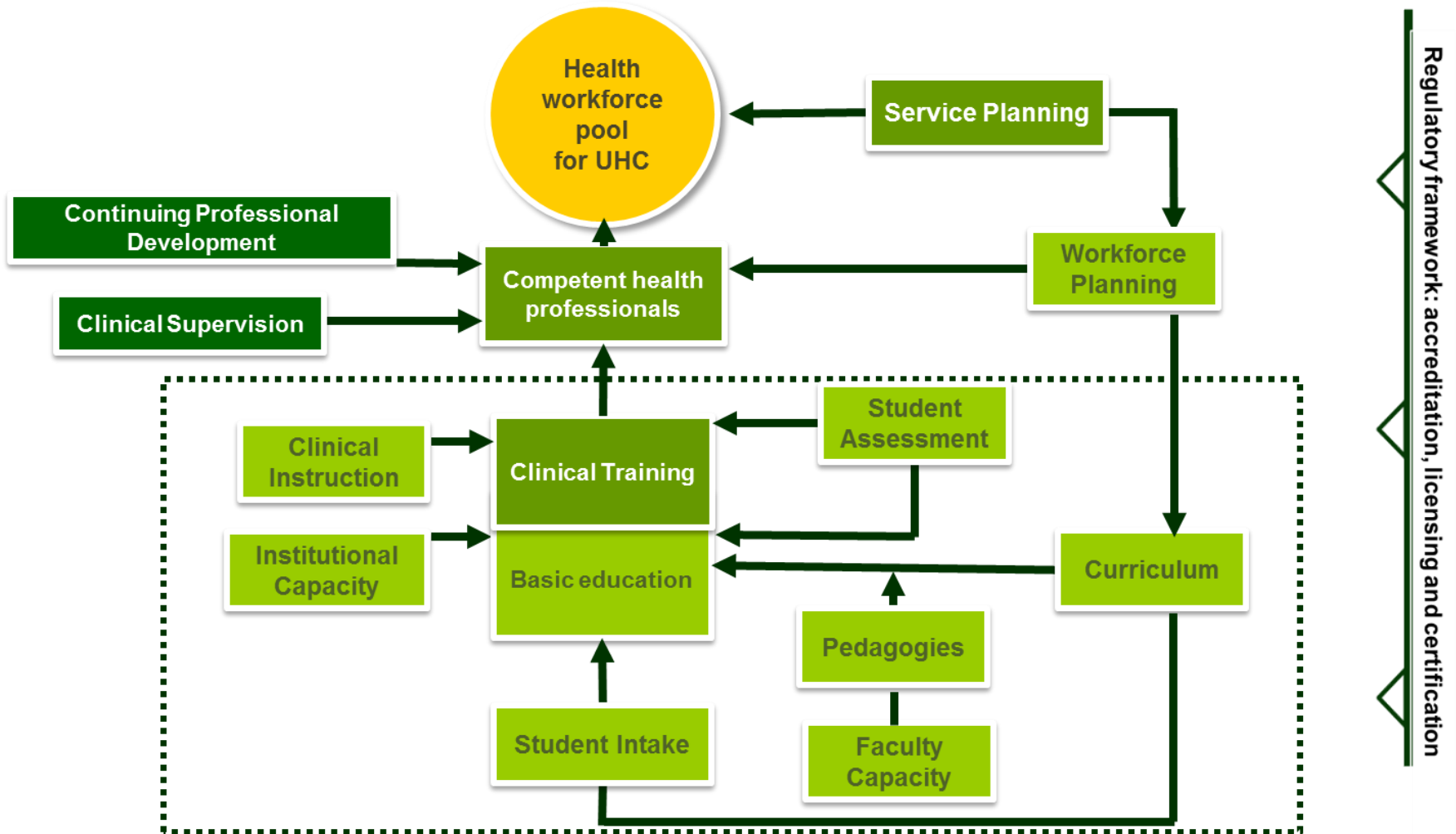
In many cases, challenges associated with health professional education extend beyond the narrowly defined health sector, beyond a single level of policy purview, which highlights the need to work effectively across governments and stakeholders.

It is commendable that health workforce leaders, educators, representatives of regulatory bodies and the education sector have gathered in this meeting today to collectively review and share experiences and innovations in health professional education.

This meeting provides a wonderful opportunity to highlight critical areas for strategic intervention to foster innovation in health professional education, to ensure its responsiveness and relevance to health system and population needs, to ensure that all individuals have access to quality health services.

On behalf of WHO, thank you all for being a part of this process.

HEALTH PROFESSIONAL EDUCATION – ENTRY POINTS FOR ACTION



www.wpro.who.int