Agenda 2.4 18 November 2012

Transforming Health Professional Education To Meet Health Needs in Thailand

Definitions

1. A health professional is a person who has undergone academic study and training in a field related to health science, such as a medical doctor, nurse, dentist, pharmacist, physical therapist, medical technician, radiologist, public health researcher, as well as other healthcare staff with or without a university degree.

Overview of Problem and its Effects

- 2. Around 100 years ago, three influential scientific publications on healthcare education, authored by Flexnor, Welch-Rose and Goldmark, led to worldwide efforts to push for important education reforms in the health sciences. Experienced-based methods of teaching and learning were replaced by approaches grounded in scientific experimentation and research. This change was an important starting point in the founding of institutions worldwide which offer vocational training in the health sciences using modern methods. In Thailand, these changes produced numerous benefits in the educational system, research, the health system, and society as a whole. There have been improvements in quality of life, evidenced by lower rates of death resulting from contagious diseases, a higher average life expectancy, and greatly improved prevention and treatment methods for both human and animal diseases.
- 3. However, the advanced progress of the health science community played a part in causing many changes in Thai society, which was a challenge that made sufficient knowledge and awareness necessary in order for management to keep abreast. For instance, the use of expensive technology required taking cost-effectiveness into consideration in order to maximize health care service benefits.^{2,3} There were efforts to focus on health care services that gave importance to preventive care and health promotion; attention given to management of socioeconomic factors with health consequences;⁴ and efforts in creating a balance between pharmaceutical business and service, commercial health, fairness, and prioritizing the benefit of the majority of the population.⁵
- 4. The 21st century has brought many social, economic, and cultural changes, as well as changes in the field of epidemiology. Such changes include the emergence of new contagious diseases as well as the re-emergence of existing diseases, usually related to the spread of diseases in animals,⁶ and the prevalence of non-contagious diseases⁷ such as diabetes or hypertension, which are connected to health behaviors such as the consumption of unhealthy food. There has been an increased prevalence of diseases caused by accidents and natural disasters. In recent times, the elderly population has rapidly increased both in number and proportion. Healthcare and social welfare systems have evolved.⁸ A national healthcare system was created, and there have been drastic changes in budget allocation for health. Health care providers have transformed their administrative processes and systems for health management, and new drugs and very expensive modern technologies have been introduced. The forming of the ASEAN community in 2015 and policies promoting Thailand as a hub of healthcare service in the region will no doubt lead to further changes. All these changes have consequences for the healthcare system and health staff,

especially in terms of sufficient numbers, distribution, and fairness. The efficiency and cost-effectiveness of employing healthcare resources becomes an issue, as we can see in the shortage of nurses in various types of clinics in the past five years. Drugs and expensive technology have been inappropriately used, resulting in a heavy cost burden in the healthcare system. A disconnect between health professionals and the public has led to conflict and legal disputes. This leaves the current educational systems in healthcare training in need of change in order to keep up with these problems and respond to them. To meet the country's current healthcare needs, there should be sufficient numbers of health professionals appropriately trained in various fields, with good geographical distribution. In addition to having the required qualifications, health professionals should be civic-minded and ethical. Health professionals should also possess teamwork skills, an understanding of the healthcare system, a high regard for the dignity of human life and nature, strong social awareness, and potential for continued life-long learning. 10-11

5. The need for overhaul in vocational training in fields of health includes changing the entire formats, methodologies, and contents of academic materials used in health education. The mechanisms for review and examination need to be created to respond to the true health needs of the public, so that the training connects with actual experience and real life circumstances in the healthcare system without undermining the importance of technical and academic knowledge. Inter-professional collaboration between health professionals needs to be effective. ¹² This will reduce mistakes in medical procedures and ensure greater safety of patients.

Related Policies and Measures

6. Presently, the various organizations involved in the health education system in Thailand such as the Health Professionals Council (HPC), the Ministry of Education, and the Ministry of Public Health have made efforts to improve the mechanisms and measures involved in improving the quality of health professionals through adjustments in the education system, such as diversification of teaching and learning methods and regular improvements in methods of assessing the quality of education. For instance, a conference for medical studies was created and scheduled to take place every seven years, and a conference for nursing studies every four years. There are evaluative processes to assess education quality and standards set in place by different organizations such as the Ministry of Education and the Office of the Higher Education Commission (OHEC). In various health science programs, such as Medicine, Nursing, and Pharmacology, the curriculum states that students must have sufficient knowledge and skills and capacity for teamwork, must be virtuous and ethical and have respect for human dignity. 13,14,15

7. There have been some examples of the initiative to transform the education system by incorporating community work into the curriculum, fostering awareness of nature and respect for human dignity while ensuring that academic study and technical training are not weakened in the process. For example, at the Khon Kaen University Faculty of Medicine, community awareness education is cultivated while medical students there are given the opportunity to become involved in the process of setting up a system to recruit nursing students in Namphong District in Khon Kaen. Students with a good record, good skills, and strong prospects were selected in a process that allowed participation from the public, clinics, and the education sector. There was a curricular development which connected with the process of health staff employment and a method of learning created so that students could learn how to care for patients. Expert specialist physicians cooperated with community healthcare volunteers to take care of the community. This gave university students the opportunity to learn about the entire healthcare system through real-

life experience, allowing them to practice their technical knowledge and learn to work with the community at the same time.

8. At the national level, academic studies aimed at the promotion of health education reform are underway. At the regional level, efforts have been initiated to analyze and assess the current issues in education. Thai health professionals have coordinated with China, Bangladesh, Vietnam, and India. International cooperation has led to studies and reports by the Commission on Education of Health Professionals for the 21st Century, with the objective of investigating ways to achieve quality healthcare education, to educate and train health professionals to be able to meet the needs of people. These efforts have led to a movement for health education reform both within Thailand and at the global level. Thailand will be able to learn a lot from this movement, which is still in its initial stages.

Limitations in Reforming Health Professional Education and Solutions

9. Curricular developments and efforts to ensure quality and compliance with academic standards usually focus on learner acquisition of academic knowledge and skills, without effectively connecting that knowledge to real-life situations in the country's healthcare system. Education should therefore not give emphasis only to academics, but also ensure that health professionals have a greater understanding of the country's current healthcare issues. This entails vigorous collaboration with other sectors involved in the healthcare system and different sectors of society.[9] Further, the development of quality health professionals in the climate of globalization and free flow of information does not mean that students should be expected to be knowledgeable in every science, but they should be able to acquire the knowledge and skills in necessary areas and be able to continue building on their expertise through self-learning in the future.¹⁰

10. The problem of reforming the education system to produce better health professionals is given great importance by many groups, but the perspectives and solution methods remain limited by the scope of each individual's field or occupation. Despite efforts to precipitate farreaching solutions, complex conditions tied to systems outside of education—such as the health service system—constrict the scope of reforms. This makes it difficult to respond to the healthcare needs of communities and society. To achieve true reform, what is needed are mechanisms which will involve every sector in problem-solving and exploring solutions. This is not limited to certain fields or occupations, but requires cooperation from all fields, with all sides listening to the thoughts and opinions from other sectors, with strategies to ensure that the responsibility of providing people with healthcare does not fall on the shoulders of health professionals alone. At present, there are still no mechanisms and strategies in place which are clear enough and accepted by all sectors. Such strategies should link the education and health service sectors, link the government and private sectors, and link people receiving healthcare services to those providing them. The resulting cooperation would shed light on how education for health professions should be transformed, for whom, and how curricula should be managed for the highest benefit of the public and of society.

Issue to be considered by the National Health Assembly:

Requesting the National Health Assembly to consider Documents for Assembly 5 / Draft Resolution 4

References

_

- 3 Rutten FF, Bonsel GJ. High cost technology in health care: a benefit or a burden? Soc Sci Med. 1992 Aug;35(4):567-77.
- 4 Breslow L. From disease prevention to health promotion. JAMA: the journal of the American Medical Association. 1999;281(11):1030-3.
- 5 Moynihan R, Cassels A. Selling sickness: how the world's biggest pharmaceutical companies are turning us all into patients: Nation Books; 2005.
- 6 Heymann DL, Rodier GnlR. Hot spots in a wired world: WHO surveillance of emerging and reemerging infectious diseases. The Lancet Infectious Diseases. 2001;1(5):345-53.
- 7 Beaglehole R, Yach D. Globalisation and the prevention and control of non-communicable disease: the neglected chronic diseases of adults. The Lancet. 2003;362(9387):903-8.
- 8 Frenk J. Dimensions of health system reform. Health Policy. 1994;27(1):19-34.
- 9 Wasi P. Research in health manpower development. Human Resources Development Journal. 1997;1(1).
- 10 Bellanca JA, Brandt RS, Barell J, Darling-Hammond L, Dede C, DuFour R, et al. 21st century skills: Rethinking how students learn: Solution Tree Press; 2010.
- 11 Komat Chuengsathianthap. Medical Studies and Humanized Medicine. Social Health Research Institute; (searched on 15 August 2012): searched from: http://www.med.cmu.ac.th/HOME/file/extra/uhosnet/no-29/500719/Humanized%20Health%20Medicine%20Care/Medical%20Education%20and%20Humanized%20Health%20Care_komat.pdf.
- 12 O'Daniel M, Rosenstein AH. Professional Communication and Team Collaboration. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses: Agency for Healthcare Research and Quality; 2008.
- 13 Medical Council. Standard Criteria Professional Medical Practitioners 2012 (searched on 11 August 2012); search from:: http://www.pcm.ac.th/druweb/sites/default/files/uploads/1/mcacnl2012.pdf.
- 14 Faculty of Medical Science, Khon Kaen University. Medical Science Curriculum (revised curriculum 2009); Khon Kaen University 2009.
- 15 Pharmaceutical Council: Standard Criteria for Professional Pharmacists on Pharmaceutical Care 2010. (searched on 15 August 2012); search from:: http://competencyrx.com/images/pdf/RxStdPharmcare.pdf
- 16 Bhutta ZA, Chen L, Cohen J, Crisp N, Evans T, Fineberg H, et al. Education of health professionals for the 21st century: a global independent Commission. The Lancet. 2010;375(9721):1137-8.

¹ Duffy TP. The Flexner Report--100 years later. Yale J Biol Med. 2011 Sep;84(3):269-76.

² Hanvoravonchai P. Health system and equity perspectives in health technology assessment. J Med Assoc Thai 2008 Jun91 Suppl 2:Su4-87