Transforming Schools of Medicine and Public Health Through Globalization

Donald S. Burke, MD
Dean, Graduate School of Public Health
Associate Vice Chancellor for Global Health
UPMC-Jonas Salk Professor of Global Health
University of Pittsburgh
Outline

• Historical Reflections

• Domains of the problem
  Professional: Medicine / Public Health / Nursing
  Scale: Domestic / International / Global
  Time: Changes over time

• Implications for the Future of Health Education
Thomas Parran
US Surgeon General, 1936-48
Founding Dean, University of Pittsburgh Graduate School of Public Health, 1948 – 1958
60 DELEGATES SIGN HEALTH 'CHARTER'

Constitution for a New World Organization Wins Wide Acclaim at Assembly

"A Magna Carta for health" is provided in the World Health Organization Constitution, signed yesterday here by sixty national delegates, Dr. Thomas Parran, president of the Constitutional Assembly, declared at the ceremony.

The United Kingdom and Chinese delegates affixed the only signatures to the Constitution that were tantamount to ratification, at the last meeting of the United Nations Health Assembly in the Henry Hudson Hotel.

Eighteen other delegates empowered to sign without reservation the new international health charter declined at the last moment to exercise their full powers. As a rule, their reservation was the result of domestic political considerations rather than any sudden loss of faith in the new health organization.

Stress on Psychiatry

Dr. Parran upheld the organization (to be created when twenty-six United Nations States have ratified the Constitution) as "a powerful instrument for peace," in which psychiatry would play its "urgent" part in removing the seeds of war. He said:

Dr. Thomas Parran of the United States addressing the session at the Henry Hudson Hotel yesterday. Also seen are Arkady M. Sobolev (left), acting Secretary General of the United Nations, and Henri Laugier, Assistant Secretary General for Social Affairs.

The New York Times
WHO definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Why do people go into international work?

- Adventurism
- Commercial Gain
- Diplomacy
- Moral Responsibility
- Religious Proselytizing
- Humanitarianism
- Charity
David Livingstone, on his motives for exploring Africa:

“Christianity, Commerce and Civilization”

Speech at Cambridge University, 1857
Is the relationship mutually beneficial?

“Africans have this saying:

‘You came to our land with your bible in hand and said 'let us close our eyes and pray'.

Then, when we opened our eyes, we had your bible, but you had our land.”

Dr. Kollo Basile
Deputy Minister of Health
Cameroon
My own long-term international experiences

Bangkok

Yaounde

Durban
Pune
Chieng Mai
Nanning
Why the overall surge of interest in global health?
Increased interest in global health is due not only to increased communication and travel. Other factors:

- Increased funding  
  (Gates, PEPFAR, Global Fund, GAVI, Clinton)

- New scientific approaches  
  molecular biology  
  informatics and computation

- Systems thinking vs. reductionism
Primary Drivers of Change

• Emergence of a global economy
  – Market-driven resource allocation, Policies encourage trade liberalization, privatization, deregulation, and direct foreign investment

• Development of new communication and transportation technologies
  – Internet, satellites, cellular phones, air transportation
Why should we care?

• These changes result in new, complex challenges to health (e.g., flu pandemic)

• Global health is now recognized as a matter of foreign policy, international and economic security, and a human rights issue
Specifically, the United States should focus on five critical areas:

- Alliances, partnerships, and institutions: Rebuilding the foundation to deal with global challenges;
- Global development: Developing a unified approach, starting with public health;
- Public diplomacy: Improving access to international knowledge and learning;
- Economic integration: Increasing the benefits of trade for all people;
- Technology and innovation: Addressing climate change and energy insecurity.
Hilary Clinton says “smart power” will restore America’s leadership

Hillary Clinton vowed to restore American leadership through a "smart power" mix of diplomacy and defense today as she appeared at a Senate hearing for confirmation as the next US Secretary of State.
## Evolving Approaches to Health Services, Workforce, and Health Education

<table>
<thead>
<tr>
<th>Era</th>
<th>Dates</th>
<th>Coverage</th>
<th>Health System</th>
<th>Workforce</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Health</td>
<td>Pre-WW II</td>
<td>Individuals</td>
<td>Hospitals and Centers</td>
<td>Doctors</td>
<td>Clinical</td>
</tr>
<tr>
<td>Community Health</td>
<td>50’s-60’s</td>
<td>Selected aspects of communities</td>
<td>Hospitals and Centers and some PHC</td>
<td>Doctors Nurses Auxiliaries</td>
<td>Prevention Social Factors</td>
</tr>
<tr>
<td>Population Health (HFA)</td>
<td>70’s – 80’s</td>
<td>Universal</td>
<td>Total PHC Community participation</td>
<td>Above plus community level workers</td>
<td>Human Resource Devel</td>
</tr>
<tr>
<td>Global Health</td>
<td>90’s - present</td>
<td>Universal, global thinking</td>
<td>Global Centers of Excellence</td>
<td>Team Concept</td>
<td>Global perspective and cooperation</td>
</tr>
</tbody>
</table>

adapted from Velji A and Bryant JH, Inf Dis Clin N Amer 2011
The Dramatic Expansion of University Engagement in Global Health
Implications for U.S. Policy
A Report of the CSIS Global Health Policy Center

CSIS CENTER FOR STRATEGIC & INTERNATIONAL STUDIES

April 2009
Medicine
vs.
Global health
vs.
International health
vs.
Public health
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Public health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary focus on individual</td>
<td>Primary focus on population</td>
</tr>
<tr>
<td>Personal service ethic, conditioned by awareness of social responsibilities</td>
<td>Public service ethic, tempered by concerns for the individual</td>
</tr>
<tr>
<td>Emphasis on diagnosis and treatment, care for the whole patient</td>
<td>Emphasis on prevention, health promotion for the whole community</td>
</tr>
<tr>
<td>Medical paradigm places predominant emphasis on medical care</td>
<td>Public health paradigm employs a spectrum of interventions aimed at the environment, human behavior and lifestyle, and medical care</td>
</tr>
<tr>
<td>Well-established profession with sharp public image</td>
<td>Multiple professional identities with diffuse public image</td>
</tr>
<tr>
<td>Uniform system for certifying specialists beyond professional medical degree</td>
<td>Variable certification of specialists beyond professional public health degree</td>
</tr>
<tr>
<td>Lines of specialization organized, for example, by organ system (cardiology, neurology); patient group (obstetrics, pediatrics); etiology and pathophysiology (infectious diseases, oncology); technical skill (radiology, surgery)</td>
<td>Lines of specialization organized, for example, by analytic method (epidemiology, toxicology); setting and population (occupational health, international health); substantive health problem (environmental health, nutrition)</td>
</tr>
<tr>
<td>Biologic sciences central, stimulated by needs of patients; move between laboratory and bedside</td>
<td>Biologic sciences central, stimulated by major threats to health of populations; move between laboratory and field</td>
</tr>
<tr>
<td>Numeric sciences increasing in prominence, although still a relatively minor part of training</td>
<td>Numeric sciences an essential feature of analysis and training</td>
</tr>
<tr>
<td>Social sciences tend to be an elective part of medical education</td>
<td>Social sciences an integral part of public health education</td>
</tr>
<tr>
<td>Engineering and physical sciences relevant, especially materials science, electronics, imaging, and information technology</td>
<td>Engineering relevant, especially systems analysis, operations management, sanitary engineering, and information technology</td>
</tr>
<tr>
<td>Clinical sciences an essential part of professional training Rooted mainly in the private sector</td>
<td>Clinical sciences peripheral to professional training Rooted mainly in the public sector</td>
</tr>
</tbody>
</table>
Viewpoint
Towards a common definition of global health

Jeffrey P Koplan, T Christopher Bond, Michael H Merson, K Srinath Reddy, Mario Henry Rodriguez, Nelson K Sewankambo, Judith N Wasserheit,
for the Consortium of Universities for Global Health Executive Board*

Lancet 2009; 373: 1993-95
Published Online
June 2, 2008
DOI:10.1016/S0140-6736(09)60332-9
<table>
<thead>
<tr>
<th>Geographical reach</th>
<th>Global health</th>
<th>International health</th>
<th>Public health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focuses on issues that</td>
<td>Focuses on health issues that affect health but that can be transcend national</td>
<td>Focuses on health issues of</td>
<td>Focuses on issues that affect the health of the population of particular</td>
</tr>
<tr>
<td>directly or indirectly</td>
<td>boundaries</td>
<td>countries other than one’s</td>
<td>community or country</td>
</tr>
<tr>
<td>affect health but that</td>
<td></td>
<td>own, especially those of</td>
<td></td>
</tr>
<tr>
<td>can be transcend</td>
<td></td>
<td>low-income and middle-income</td>
<td></td>
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<tr>
<td>national boundaries</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Development and</td>
<td>Development and implementation of solutions often requires global cooperation</td>
<td>Development and implementation of solutions usually requires bi-national cooperation</td>
<td>Development and implementation of solutions does not usually require global cooperation</td>
</tr>
<tr>
<td>implementation of solutions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>requires global cooperation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embraces both prevention</td>
<td>Embraces both prevention in populations and clinical care of individuals</td>
<td>Embraces both prevention in</td>
<td>Mainly focused on prevention programs for populations</td>
</tr>
<tr>
<td>in populations and</td>
<td></td>
<td>populations and clinical</td>
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</tr>
<tr>
<td>clinical care of</td>
<td></td>
<td>care of individuals</td>
<td></td>
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<tr>
<td>individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to health</td>
<td>Global health</td>
<td>International health</td>
<td>Public health</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------</td>
<td>-----------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Health equity among nations and for all people is a major objective</td>
<td>Seeks to help people of other nations</td>
<td>Development and implementation of solutions does not usually require global cooperation</td>
</tr>
<tr>
<td>Range of disciplines</td>
<td>Highly interdisciplinary and multidisciplinary within and beyond health sciences</td>
<td>Embraces a few disciplines but has not emphasized multidisciplinary</td>
<td>Encourages multidisciplinary approaches, particularly within health sciences and with social sciences</td>
</tr>
</tbody>
</table>

**Table: comparison of global, international, and public health**
“Global health is an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide.”
Joint Publication by Deans of Schools of Public Health

Global health is public health

Linda P Fried a, Margaret E Bentley b, Pierre Buekens c, Donald S Burke d, Julio J Frenk e, Michael J Klag f, Harrison C Spencer g

a Columbia, b N Carolina, c Tulane, d Pittsburgh, e Harvard, f Hopkins, g ASPH
Key tenets of global public health

• Belief that global health is public health. Public health is global health for the public good.
• Dedication to better health for all, with particular attention to the needs of the most vulnerable populations, and a basic commitment to health as a human right.
• Belief in a global perspective on scientific inquiry and on the translation of knowledge into practice, not limited by political boundaries, but sensitive to contextual issues that might influence illness, the design or choice of interventions, or health systems.
Key tenets of global public health

• A scientific approach to health promotion and disease prevention that examines broad determinants of health including, but not limited to, delivery of medical care, and creates integrated approaches in clinic, community, and government.

• Commitment to an interdisciplinary approach and collaborative team work to analyze problems of populations. Global concerns, such as climate change, and cross-disciplinary issues, such as zoonotic diseases and human health, involve close collaborations between medicine, public health, veterinary medicine, and many other disciplines.
Key tenets of global public health

• Multilevel systems-based interventions deployed to address the interactive contributions of societal and health-governance issues, corporate responsibility, and environmental, behavioral, and biological risk factors are key.

• Comprehensive frameworks for financing and structuring health policies and services that support community-based and clinical prevention integrated with health-care delivery and deployment of a balanced workforce of physicians, nurses, and other providers.
What is ASPH?

... the organization representing the deans, faculty and students of the 50 accredited schools of public health and four other institutions seeking accreditation as schools of public health.
ASPH Mission Statement

To strengthen, coordinate, and promote the education, research, and service activities of accredited schools of public health.
Growth of the ASPH

Number of member schools

- Pittsburgh joins
Growth of the ASPH

First 60 years: 0.4 SPH / yr

Last 10 years: 1.8 SPH / yr

Number of member schools

Core disciplines of Public Health:

- Health Behaviors
- Health Policy and Management
- Environmental Health
- Epidemiology
- Biostatistics
Today’s Public Health Student

• 70% are women
• 34% are minorities
• 28% are part-time students
• 17% are international students
Students Characteristics

1996-2009

% of Students in IH Programs

% of Foreign National students
2011: Global Summit of Schools of Public Health

1. Association of Schools of Public Health in Africa (ASPHA)
2. Association of Schools of Public Health in the European Region (ASPHER)
3. Asia-Pacific Academic Consortium for Public Health (APACPH)
4. Latin American Global Health Alliance (ALASAG)
5. Association of Schools of Public Health (ASPH-USA)
6. Network of Schools of Public Health in Canada (NSPH Canada)
• Goal: Promote population health, safety, and well-being at local and global levels by enhancing the global health competence of students in schools of public health and related global health educational programs.
• Target Audience: Students specializing in global health upon graduation from a master’s-level program of study.
• Builds upon MPH Core Competency Model.
• Identifies 7 domains and 38 competencies.
• Appropriate for use by global health programs across a broad range of institutions beyond graduate schools of public health.
Project Leadership Group

- Dean Pierre Buekens, Tulane University School of Public Health and Tropical Medicine (Chair)
- Dr. Margaret (Peggy) Bentley, University of North Carolina at Chapel Hill Gillings School of Global Public Health
- Dean Donald Burke, University of Pittsburgh Graduate School of Public Health
- Dean John R. Finnegan, University of Minnesota School of Public Health
- Dean Antoine Flahault, École des Hautes Étudess en Santé Publique
- Dean Julio Frenk, Harvard School of Public Health
- Dr. Audrey R. Gotsch, University of Medicine and Dentistry of New Jersey School of Public Health
- Dean Michael J. Klag, Johns Hopkins Bloomberg School of Public Health
- Dean Mario Henry Rodríguez López, Instituto Nacional de Salud Pública
- Dean Philip Nasca, University at Albany SUNY School of Public Health
- Dean Stephen Shortell, University of California Berkeley School of Public Health
Process

- September 2009: Consensus Conference
- Identified 7 domains and candidate competencies
  1. Capacity building
  2. Collaboration and Partnering
  3. Ethical Reasoning and Professional Practice
  4. Health Equity and Social Justice Leadership
  5. Project and Process Management
  6. Socio-cultural and Political Awareness
  7. Strategic Analysis and Evaluation
Process

- November 2009-April 2010: Co-chairs and workgroup participants identified
- June 2010: Core Group conference calls and Town Hall Meeting at Global Health Council Annual Meeting
- July-August 2010: Completed Delphi Round 1
- November 2010: Global Health Competencies Town Hall at ASPH and APHA Annual Meetings
- August-January 2011: Completed Delphi Round 2
- November 2010-January 2011: Completed Delphi Round 3
Process

- January-March 2011: Results analysis and workgroup comment period
- April 5-6, 2011: Competency model integration meeting in Washington, DC
- May 2011: Model Version 1.0 released
- June 2011: Town Hall Meeting at Global Health Council Annual Meeting
- June-August 2011: Version 1.0 presented to Leadership Group and ASPH Education Committee
Process

• August 2011: Version 1.0 released to broad external audience
• September 2011: Revision to Model Version 1.1
• October 2011: Model Version 1.1 approved by Leadership Group, ASPH Education Committee, and ASPH Board of Directors
• November 2011: Final version released to public
Competencies
7 Domains

1. Capacity Strengthening
2. Collaborating and Partnering
3. Ethical Reasoning and Professional Practice
4. Health Equity and Social Justice
5. Program Management
6. Socio-cultural and Political Awareness
7. Strategic Analysis
Domain 1
Capacity Strengthening

• 1.1 Design sustainable workforce development strategies for resource-limited settings.
• 1.2 Identify methods for assuring health program sustainability.
• 1.3 Assist host entity in assessing existing capacity.
• 1.4 Develop strategies that strengthen community capabilities for overcoming barriers to health and well-being.
Domain 2
Collaborating and Partnering

• 2.1 Develop procedures for managing health partnerships.
• 2.2 Promote inclusion of representatives of diverse constituencies in partnerships.
• 2.3 Value commitment to building trust in partnerships.
• 2.4 Use diplomacy and conflict resolution strategies with partners.
• 2.5 Communicate lessons learned to community partners and global constituencies.
• 2.6 Exhibit interpersonal communication skills that demonstrate respect for other perspectives and cultures.
Domain 3
Ethical Reasoning and Professional Practice

• 3.1 Apply the fundamental principles of international standards for the protection of human subjects in diverse cultural settings.

• 3.2 Analyze ethical and professional issues that arise in responding to public health emergencies.

• 3.3 Explain the mechanisms used to hold international organizations accountable for public health practice standards.

• 3.4 Promote integrity in professional practice.
Domain 4
Health Equity and Social Justice

• 4.1 Apply social justice and human rights principles in public health policies and programs.
• 4.2 Implement strategies to engage marginalized and vulnerable populations in making decisions that affect their health and well-being.
• 4.3 Critique policies with respect to impact on health equity and social justice.
• 4.4 Analyze distribution of resources to meet the health needs of marginalized and vulnerable groups.
Domain 5
Program Management

- 5.1 Conduct formative research.
- 5.2 Apply scientific evidence throughout program planning, implementation, and evaluation.
- 5.3 Design program work plans based on logic models.
- 5.4 Develop proposals to secure donor and stakeholder support.
- 5.5 Plan evidence-based interventions to meet internationally established health targets.
- 5.6 Develop monitoring and evaluation frameworks to assess programs.
- 5.7 Utilize project management techniques throughout program planning, implementation, and evaluation.
- 5.8 Develop context-specific implementation strategies for scaling up best-practice interventions.
Domain 6
Socio-cultural and Political Awareness

- 6.1 Describe the roles and relationships of the entities influencing global health.
- 6.2 Analyze the impact of transnational movements on population health.
- 6.3 Analyze context-specific policy making processes that impact health.
- 6.4 Design health advocacy strategies.
- 6.5 Describe multi-agency policy-making in response to complex health emergencies.
- 6.6 Describe the interrelationship of foreign policy and health diplomacy.
Domain 7
Strategic Analysis

• 7.1 Conduct a situation analysis across a range of cultural, economic, and health contexts.
• 7.2 Identify the relationships among patterns of morbidity, mortality, and disability with demographic and other factors in shaping the circumstances of the population of a specified community, country, or region.
• 7.3 Implement a community health needs assessment.
• 7.4 Conduct comparative analyses of health systems.
• 7.5 Explain economic analyses drawn from socio-economic and health data.
• 7.6 Design context-specific health interventions based upon situation analysis.
Global Health Competencies for Medical Education

Teaching the Basics: Core Competencies in Global Health

Megan A.M. Arthur, msc,a, Robert Battatb, Timothy F. Brewer, MD, MPHc,*

KEYWORDS
- Medical education • Global health • Core Competencies

WHAT IS GLOBAL HEALTH?

Global health has been defined as “...the goal of improving health for all people by reducing avoidable diseases, disabilities, and deaths\(^1\) and an “area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide\(^2\).” These definitions highlight the multinational, multidisciplinary, and equity-oriented nature of this emerging field. Global health involves social, political, economic, and environmental considerations that affect the health of communities and individuals around the world. Yet, the same interconnectedness that facilitates the globalization of diseases is also manifested through the unprecedented interaction and cooperation between governments, civil society organizations, and individuals across time zones and borders to address health issues. Examples of this cooperation include large-scale multinational health efforts such as the United Nations Millennium Development Goals or the US President’s Emergency Program for AIDS Relief.\(^3\) Technological advances that permit instant knowledge sharing around the world, creating the capacity to transform medical education and care, are also rapidly evolving. The problem is therefore linked to the solution. Globalization has produced new multidisciplinary multinational health challenges, and the global

Essential Core Competencies

- Based, in part, on a literature review and Report of the Association of Faculties of Medicine of Canada’s Resource Group on Global Health.
- Identifies 7 topics areas and 18 competencies for global health training for all medical students.
Projects in the Pipeline

Predeparture Training

Global Health Learning Opportunities (GHLO™)

- AAMC Initiative
- Network of collaborating institutions in >16 countries
- Target audience: Final year medical students
- Cross-border medical exchanges
- Web-based platform to search and apply for electives

Are We There Yet? Preparing Canadian Medical Students for Global Health Electives
Kelly C. Anderson, MD, Michael A. Stamatik, MD, Ian Pereira, Eileen Cheung, MD, Kunying Xu, MPH, and Timothy F. Brewer, MD, MPH

Abstract

Purpose
To understand the current landscape and the evolution of predeparture training (PDT) in Canadian medical education.

Method
The authors surveyed one faculty and one student global health leader at each of Canada’s 17 medical schools in February 2008 and May 2010 to assess the delivery of and requirements for PDT at each institution. The authors then used descriptive statistics to compare responses across schools and years.

Results
In 2008, one faculty and one student representative from each of the 17 Canadian medical schools completed the survey; in 2010, 17 faculty and 16 student representatives responded. The number of medical schools offering PDT grew substantially from 2008 to 2010 (11/17 [65%] versus 16/17 [94%]). Three of the five new programs in 2010 were student run. The number of schools with mandatory PDT nearly doubled (6/17 [35%] versus 11/17 [65%]). However, institutional funding remained scarce; as 10 of 16 programs had budgets of less than $500 in 2010. PDT content, frequency, and format varied from school to school.

Conclusions
Medical students have been responsible for organizing the majority of new PDT. To ensure quality and sustainability, however, faculty must play a more central role in the planning and implementation of such training programs. Medical schools must continue to reevaluate how best to maximize global health electives for trainees and the communities in which they study. PDT offers one avenue for schools to ensure that students are safe and socially accountable during their time abroad.

-Acad Med 2012;87-206-209
Inter-disciplinarity

Can we ever get out of our silos?
Flexner, Welch-Rose, and Goldmark reports

**The Flexner Report**
- on Medical Education in the United States and Canada
- 1910 by Abraham Flexner

**The Welch-Rose Report**
- A Public Health Classic
- Delta Omega Honorary Public Health Society
- 1916 - 1992

**Nursing and Nursing Education in the United States**
- Report of the Committee for the Study of Nursing Education
- 1910

**Public Health Reports**
- Medicine
- 1910
- Public Health
- 1915
- Nursing
- 1923
Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

The Lancet and Education of Health Professionals for the 21st Century Commission

"Health is about people: the core driving purpose of professional education must be to enhance the performance of health systems for meeting the needs of patients and populations in an equitable and efficient manner."

Frenk J et al, Lancet, Volume 376, Pages 1923 - 1958, 4 December 2010
Health Professionals for the New Century: Transforming Education

Three generations of health education reform

1900
- Science based
- Scientific curriculum
- University based

Problem based
- Problem based learning
- Academic centers

Systems based
- Competency driven: local-global
- Health education systems

Frenk J et al, Lancet, Volume 376, Pages 1923 - 1958, 4 December 2010
Frenk J et al, Lancet, Volume 376, Pages 1923 - 1958, 4 December 2010
Reforms

**Instructional**
- Competency-driven
- Interprofessional and transprofessional education
- IT-empowered
- Local-global
- Educational resources
- New professionalism

**Institutional**
- Joint planning
- Academic systems
- Global networks
- Culture of critical inquiry

**Enabling actions**
- Mobilise leadership
- Enhance investments
- Align accreditation
- Strengthen global learning

**Goal**
Transformative and interdependent professional education for equity in health

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Frenk J et al., Lancet, Volume 376, Pages 1923 - 1958, 4 December 2010
Global Forum on Innovation in Health Professional Education

An initiative of the IOM Board on Global Health

- In response to recommendations from the Commission Report on Health Professionals for the 21st Century and the IOM report on the Future of Nursing
- ASPH is a member-sponsor
Why have a National Academies Global Forum on Health Professional Education?

• Health care delivery and inter-professional education will benefit from a multidisciplinary collaboration between the professional disciplines and the governmental, private, and philanthropic sectors

• A neutral, apolitical setting for discussion is conducive to establishing a common scientific foundation for innovation, policy, and program formulation

• There is much to be learned from other developed and developing countries and the IOM has significant global convening power
Potential Cross-cutting Topics for a Forum on Health Professional Education

• Models of inter-professional education and teamwork
• What can the South teach the North about health professional education?
• Innovative approaches to the accreditation and licensure
• Innovations in information technology and simulation in health education
• The social mission of health professional education
• Health professional education in the community setting
Forum Members

• High level civil servants from US and foreign health and education agencies
• Representatives of international organizations (e.g., WHO and UNESCO)
• Representatives of leading medical, nursing, public health, dentistry, and pharmacy professional education associations
• Foundation representatives
• Leading US and international educators
More can be done about the human condition, collectively and by the individual himself, than ever before ... There will never be an end to challenge and opportunity, as long as the young are encouraged and allowed to become men and women who seek the opportunity and accept the challenge.

Jonas Salk (1972)
END