Medical Education In The Context of Universal Health Care

Assessment

- The health care system is dysfunctional
- The government and private sector response is inadequate
- The most important unanswered issues are access and equity in health care services

Most important health care problem GLOBALLY

"Glaring gaps and inequities in health, both within and between countries underscoring the collective failure to share the dramatic health advances equitably."

The Lancet Commission, Dec. 4, 2010

Symptoms of the Dysfunctional Health Care System

Selective health-measures across economic status

	Rural poor	Urban rich
LEB	< 60 yrs	80 yrs
IMR	> 90	< 10
MMR	> 150	< 15
FR	6-7 children	2 children
EPI	< 50%	> 83%
Medical Expenditure p.c.	P 1,915	P 23,815

Global purpose of health care systems

"Assure universal coverage of high-quality comprehensive services that are essential to advancing opportunities for health equity within and between countries."

The Lancet Commissions 2010

Universal health care

Universal health care is the provision to every Filipino of the **highest possible quality of health care** that is **accessible, efficient, equitably distributed, adequately funded, fairly financed,** and **appropriately used** by an **informed** and **empowered public.**

The over arching philosophy is that health is a right and provision of health service is based on needs and not on an individual capacity to pay.

Health sectors for reform

- health services
- regulation
- governance
- human resources
- information
- finance

Table 2 **Licensure examination passer[1]**

Profession	Yearly average	Period covered
Medicine	2,382	1999-2008
Nursing	29,934	1999-2009
Midwifery	1,852	2010[a]

1. Source: PRC

a. – only year date available

Medical schools/colleges in selected ASEAN countries

Country	Number of medical schools /colleges	Population (in thousands)	Ratio of schools per thousand population
Philippines	38	90,457[a]	1:2380
Indonesia	32	238,523[b]	1:7454
Thailand	12	60,482[c]	1:5540
Malaysia	8	27,863[d]	1:3483

Source: Asean database, 2008

a. 2010 b. 2004 c. 2005 d. 2005

Philippine HHR situation
Govt vs Private health professionals

Table 3. Government and private health workers, Philippines, 2006.

Profession	Government		Private		Total
	No.	%	No.	%	
Doctors[a]	2,955	38.8	4,660	61.2	7,615
Nurses[a]	4,374	18.8	18,948	81.2	23,322
Dentists[a,b]	1,946	89.8	220	10.2	2,166
Pharmacists[b]	29,274	95.7	1,302[c]	4.3	30,576
Midwives[c,d]	16,857	93.3	1,218	6.7	18,075

a.- in hospitals
b. - 200
c. - 200
d. – priv
Source:

60% Private practitioners vs 39% Government Physicians

Philippine HHR situation
Specialists vs Generalists

Table 4. 1 Distribution of doctors per specialty, 2006.

Specialty	Metro Manila	Luzon	Visayas	Mindanao	Total	Percentage
Internal medicine	4,133	2,027	1,157	678	7,995	17.55
Cardiology	713	192	117	62	1,084	2.38
Dermatology	712	226	64	69	1,071	2.35
Pediat						
OB-Gy						
Surge						
EENT	1,315	522	200	177	2,214	4.86
Psychia/Neuro	637	162	110	69	978	2.15
Total no. of specialists	***16,025***	***7,995***	***4,086***	***2,817***	***30,923***	***67.88***
General practice	**4,653**	**5,205**	**2,644**	**2,130**	**14,632**	**32.12**
Total no. of doctors	**20,678**	**13,200**	**6,730**	**4,947**	**45,555**	100.00

68% specialists versus 32% front line Physicians

Source: PHAP Factbook 2008.

Development of Health Systems

Global trend: health systems:

"… left to their own devices, health systems do not gravitate naturally towards the goals of health for all through primary health care as articulated in the Declaration of Alma Ata". …

Three … worrisome trends:

- **disproportionate focus on specialist, tertiary care often referred to as "hospital-centrism"**
- **fragmentation , as a result of vertical health programs**
- **the pervasive commercialization**

Reforms in HHR Production

Objective

To provide competent, well-motivated, transformative and committed professionals to a health system that provides universal health care.

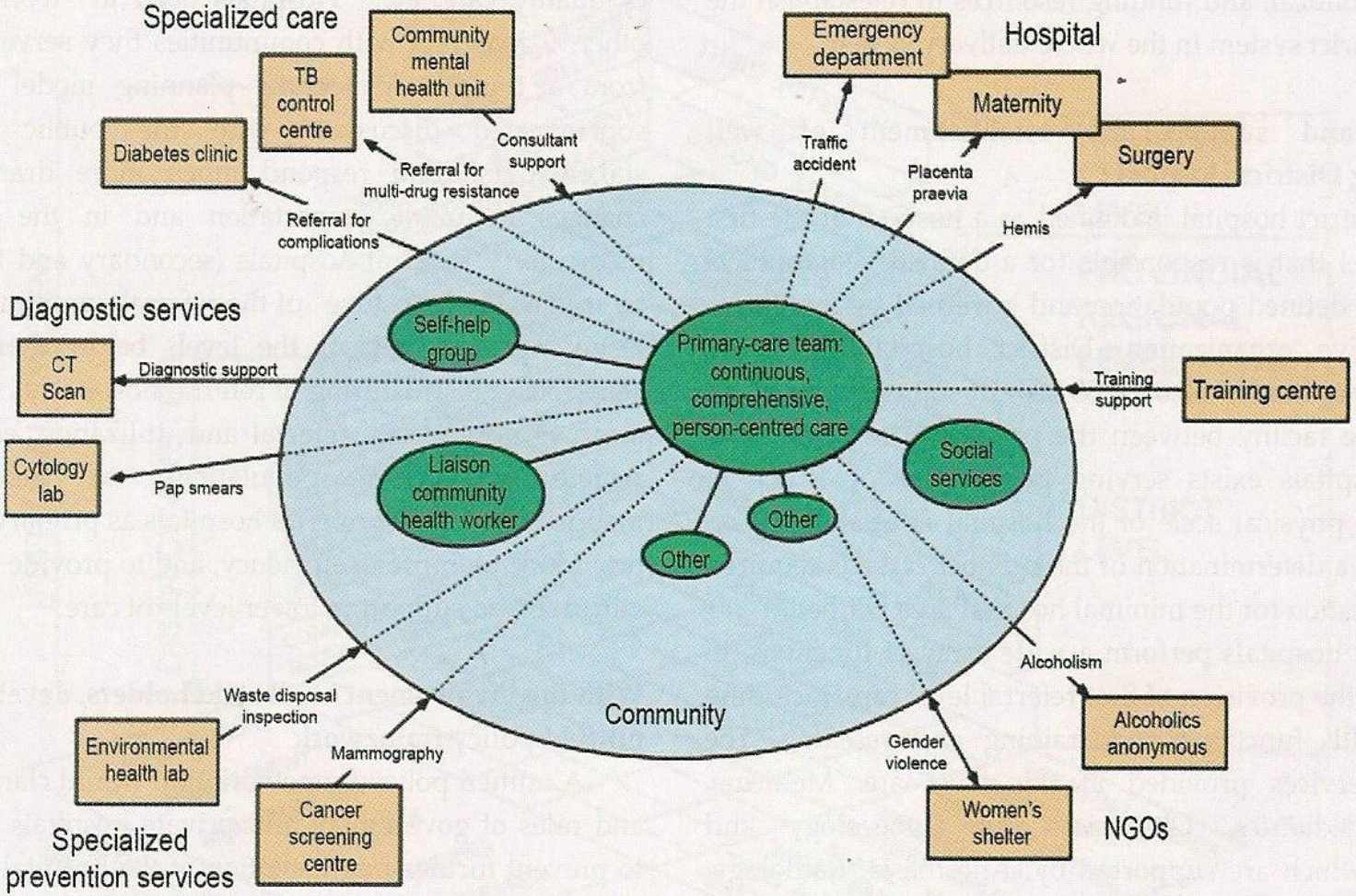


Figure 2. Primary Care as a hub of coordination: networking with the community served and other partners

Reforms in HHR Production

- recruitment
- education in the undergraduate
- postgraduate training
  - residency
  - speciality
  - continuing education

Reforms in HHR Production

Recruitment

Active search for the student with qualities that increase the probability of contributing to access and equity in health upon entry to the workforce.

Reforms in the HHR Production

Undergraduate education

The format, pedagogy, content and evaluation tools must be fashioned so as to bring out in the students not only the desire but also the ability to respond to the nation's health problems.

Levels of learning

	Objectives	**Outcome**
Informative	Information, skills	Experts
Formative	Socialisation, values	Professionals
Transformative	Leadership attributes	Change agents

Lancet vol 376 Dec. 4, 2010

10 Medical Education Priorities

(Hodges et al. Med Educ 2011:45:95-106)

- addressing community needs
- enhancing admission processes
- building on the scientific basis of medicine
- promoting prevention and public health
- addressing hidden curriculum
- diversifying learning context
- valuing generalists
- advancing inter- and intra- professional practise
- adopting a competency based and flexible curriculum
- fostering medical leadership

CanMeds Competencies

- Medical expert
- Communicator
- Collaborator
- Manager
- Health advocate
- Scholar
- Professional

Royal College of Physicians and Surgeons, 2005

Reforms in HHR Production

Residency

1. Entry into the program must be a “reward” available to those graduates who have served the community well after graduation.
2. General residency must be the norm at the exit point. Only a very few must be allowed to pursue sub-specialty training.
3. Qualification criteria for “diplomate” status must not be exclusive prerogative of the specialty societies.

Reforms in HHR Production (Postgraduate training)

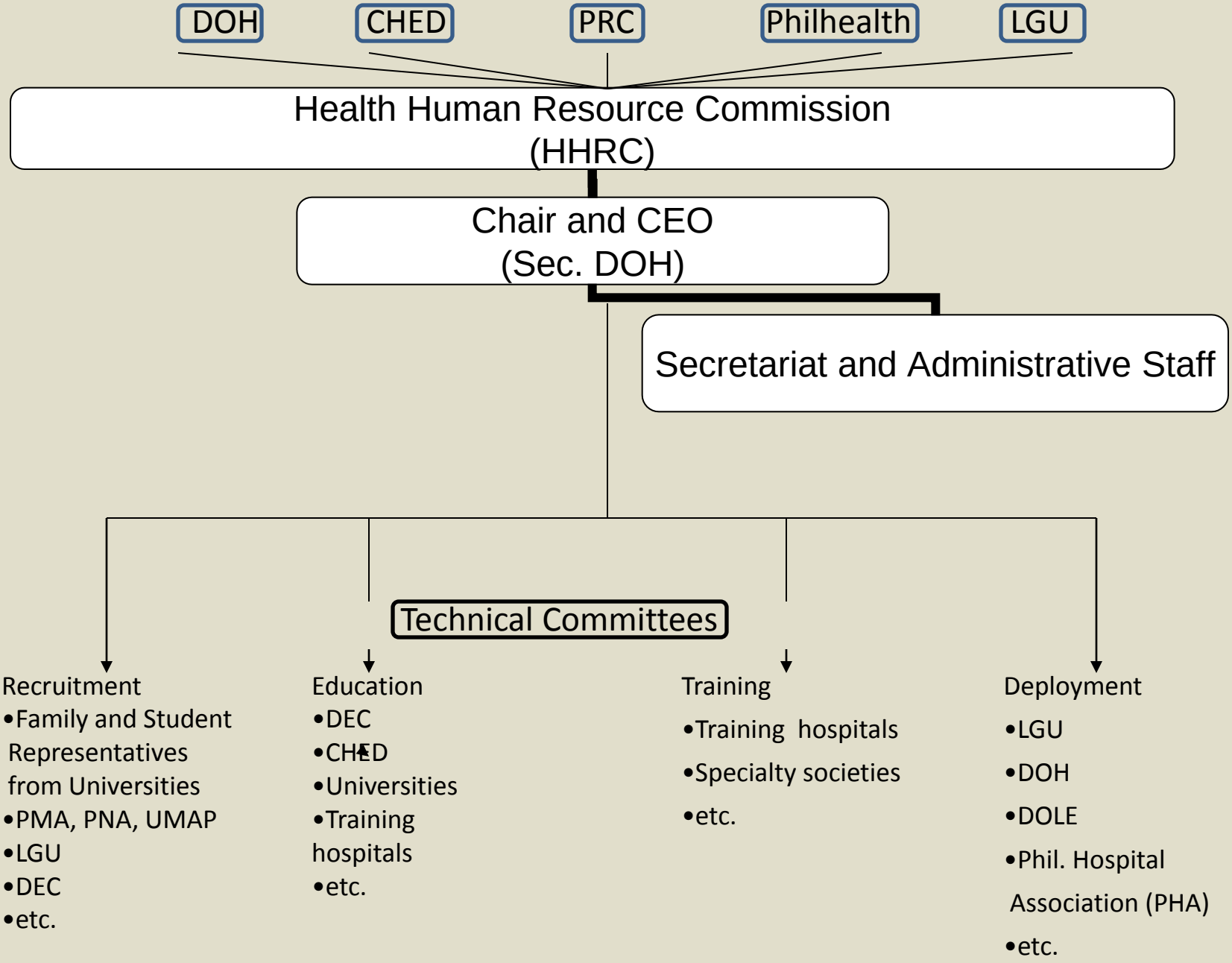
Subspecialty

1. Number must be strictly controlled in relation to generalist
2. Place of practise must be part of the contract for admission to the training program
3. Eligibility for training should include an interregnum between completion of residency and start of subspecialty training

Reforms in HHR Production (Postgraduate Training)

Continuing education

Must include subject/topic relevant to a universal health care system i.e. pertinent legislation, policy, training, governance, regulation and information.


DOH
CHED
PRC
Philhealth
LGU
Health Human Resource Commission (HHRC)
Chair and CEO (Sec. DOH)
Secretariat and Administrative Staff
Technical Committees
Recruitment
•Family and Student Representatives from Universities
•PMA, PNA, UMAP
•LGU
•DEC
•etc.
Education
•DEC
•CHED
•Universities
•Training hospitals
•etc.
Training
•Training hospitals
•Specialty societies
•etc.
Deployment
•LGU
•DOH
•DOLE
•Phil. Hospital Association (PHA)
•etc.

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