

A new epoch for health professionals' education



The history of education is not a continuous straight line of progress. Like any discipline, it is marked by periods of extraordinary advance, more or less intelligent reflection, and stultifying stagnation. The history of education among the health professions is no exception. After a century of rapid progress (initiated in the western medical tradition by the 1910 Flexner Report¹), consolidation, but more recent ossification, health professionals' education is poised once again to enter a new epoch of transformation.

The final report, in *The Lancet* today, of a global independent Commission on the Education of Health Professionals for the 21st Century concludes that "all health professionals in all countries should be educated to mobilise knowledge and to engage in critical reasoning and ethical conduct so that they are competent to participate in patient and population-centred health systems as members of locally responsive and globally connected teams."² What does this mean? The Commission, chaired by Julio Frenk (Dean of the Harvard School of Public Health) and Lincoln Chen (President of the China Medical Board), set out to review the global status of postsecondary professional education in health,³ especially for medicine, public health, and nursing. The guiding principles of the Commission were to adopt a global outlook, focus on the health needs of populations, recognise the increasing demand for integrated health-professionals' education and leadership, and take a systems approach to education reform (health professionals' education is itself a system that overlaps the health system it attempts to serve).

A strong case is made that the present content, organisation, and delivery of health professionals' education have failed to serve the needs and interests of patients and populations. To take one example: there is a gross mismatch between the supply and demand of doctors and nurses, with massive shortfalls where health professionals are needed most.⁴ Existing professional leaders have insufficiently coordinated and integrated the way they work together. The result has been that the gap between what populations require and what professionals deliver has widened. To be fair, a renaissance in a new kind of professionalism—patient-centred, interprofessional, and team-based—has been much discussed during the past decade.⁵

But it has lacked the leadership needed to deliver on its promise. Attempts to redefine the future roles and responsibilities of health professionals have floundered amid the rigid and damaging tribalism that afflicts the professions today.

The Commission sets out a manifesto for transformation in the education of health professionals. Reliable evidence from low-income and middle-income countries shows that the most important barrier to achieving health is the generation and application of knowledge.⁶ Health professionals are the mediators of knowledge between those who generate it and those who need it. But although some health-system reforms have delivered educational gains, often they have not—and what gains have been achieved have frequently been unsustainable. A harsh conclusion might be that, although underfunding remains an obstacle, health professionals' education today does not deliver value for money. Frenk, Chen, and their colleagues argue that global dimensions of health—including leadership, management, policy analysis, and communication skills—are not only essential but also neglected elements of the health curriculum to deliver such value for money.

A crucial part of this culture of neglect is a failure to appreciate the importance of universities as core social institutions.^{7,8} Universities, and the health-professional curricula they support, are not merely centres for the health sciences—they are themselves

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part of health-science systems.⁹ That is, they extend the discovery–care–education continuum into local and global community contexts. The Commission identifies an urgent need for scaled-up investment in universities as pivotal parts of health-science systems across all low-income and middle-income settings. The tertiary education sector has been wrongly marginalised during the decade-long focus on primary and secondary education, emphasised most of all in the Millennium Development Goals.

Louis Menand has investigated the current role of the modern university in his startlingly powerful book, *The Marketplace of Ideas*.¹⁰ Menand argues that: “The pursuit, production, dissemination, application, and preservation of knowledge are the central activities of a civilisation.” More importantly still, “the ability to create knowledge and put it to use is the adaptive characteristic of humans”. The goal of the university is “to make more enlightened contributions to the common good”.

A further neglected dimension of this education mission is the social accountability of educational institutions. As Menand presents the problem: “the production of new knowledge is regulated by measuring it against existing scholarship through a process of peer review, rather than by the extent to which it meets the needs of interests external to the field.”¹⁰ Large sections of the health professions have for too long betrayed the communities they pride themselves on serving. Boelen and Woollard have argued that performance assessments of medical schools (and by extension nursing schools and schools of public health) should include some measure of their dedication to the public interest and their accountability to society.¹¹ Educational systems—and specifically universities—are not currently held accountable for the professionals they develop. Boelen and Woollard go on to identify critical failures in the health-professional education system. In addition to the lack of qualified health professionals, they point out gaps between health needs and the provision of specialists to meet those needs, a chronic lack of primary care workers, rural–urban disparities, too little attention to disease prevention, isolation from the social sector, and insufficient concern with the social determinants of health and citizens’ engagement in health. They argue that universities that educate

health professionals have a “moral obligation” to consider their social purpose. Such social responsibility extends into the global dimensions of health.¹² Modern western universities have badly neglected their social mission.

Ideas of professionalism are crucial here; professionalism, at its best, is about attitudes, values, and behaviours. But professionalism is also about protecting power through credentialisation. Professional groups are often more concerned with the “reproduction of the system” than the production of knowledge.¹⁰ Menand again: “the weakest professional, because he or she is backed by the collective authority of the group, has an almost unassailable advantage over the strongest non-professional.”

What this Commission argues for is nothing less than a remoralisation of health professionals’ education. For decades, health professionals have colluded with centres of power (governmental, commercial, institutional, even professional) to preserve their influence. The result? A contraction of ambition and a failure of moral leadership. “It is the academic’s job in a free society to serve the public culture by asking questions the public doesn’t want to ask, investigating subjects it cannot or will not investigate, and accommodating voices it fails or refuses to accommodate.”¹⁰

The education of doctors, nurses, and public health workers must seek to: strengthen the overall intellectual culture of a society; define principles for public aspiration; give life to and enlarge the best and most proven ideas of the age; refine the grounds for the private exchanges that take place in our lives; facilitate the exercise of political power; and enable professionals to detect what is important and discard what is irrelevant, accommodate oneself with others, have common ground between colleagues across societies, ask good questions and find the means to answer them, and have the resources to adapt to national and global circumstances. Some readers might recognise that these words are adapted from John Henry Newman’s *On the Scope and Nature of University Education*.¹³

In England, Newman argued for the university as a centre of intellectual liberty, a vital force for progress in society. Menand writes about the university as a “zone of autonomy”.¹⁰ The importance of tertiary education as a means to advance health, reason, democracy, and justice needs to be rediscovered.¹⁴ Frenk and Chen’s

Commission sets out the nature of the predicament facing the health professions and its possible solutions. Their work deserves serious attention.

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I wrote a first draft of an outline for the Commission's final report, but the published paper is a far superior and very different piece of work—of which I am not an author.

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Health professionals for the 21st century: a students' view



The report of the Global Commission on Education of Health Professionals for the 21st Century, in *The Lancet*,¹ calls for a new era of professional education. The production of this report was a tall task, and we applaud the commissioners for taking on such a challenge. Its publication has the potential to profoundly change the way we train future health professionals.

Students, such as us, can play a vital role in implementing the recommendations of this report. The report highlights the importance of the instructional and institutional recommendations for students, the necessity of involving students within the entire process, and the possible courses of action taken by students on either a personal or organisational level.

We endorse the instructional reforms laid out by the commission, including the proposed inclusive approach to competencies, because it is crucial to tackle the obstacles of the 21st century. Our perception is shared by medical students worldwide who have already taken action by developing their own outcome-based core curricula.² They agreed on knowledge, skills, and attitudes to be achieved by all doctors on graduation. The outcome-based core curriculum has served as a framework in many countries, and can be adjusted for specific local needs as postulated by the commissioners. We encourage students in other health professions

to develop a similar core curriculum and engage in discussion with national stakeholders. Students of all health professions in all countries should get involved in joint planning mechanisms, because they are the experts of their own education. Our experience in national and international student organisations provokes the thought that health-care students might already be a step further ahead than their educational institutions.

We encourage the proposed team-based education to break down professional silos. Working in health care means working in multidisciplinary and interdisciplinary teams. As teamwork is a soft skill which can be learned,

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