REORIENTATION OF MEDICAL EDUCATION:
Guidelines for Developing National Plans for Action
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Guidelines for Developing National Plans for Action

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Printed in India
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1. INTRODUCTION

Efforts have, and are, being made by many schools in all countries of the region for reorienting medical education to become more relevant to societal and community needs. The World Health Organization, and in particular the South-East Asia Regional Office, has been promoting and supporting this effort for the past one and a half decades. However, in no country of the region has an overall concerted national effort been accomplished. Neither has there been a national plan for the reorientation of medical education involving all the medical schools in the country.

The South-East Asia Regional Office of the World Health Organization organized a Consultation on Targeting for Reorientation of Medical Education in November 1987, where the goal for reorientation of medical education in the South-East Asia Region was established, the areas and directions of reorientation delineated, and the strategies and the target areas identified. These have been reported in SEARO Regional Publication No. 18, "Reorientation of Medical Education (No. 2): Goal, Strategies and Targets".

SEARO Regional Publication No. 18, "Reorientation of Medical Education (No. 3), Indicators for Monitoring and Evaluation", has also been produced, and can be used as a tool for self-assessment of the existing status of medical education in a country.

The next step is to develop a national master plan of action for the reorientation of medical education, encompassing all the medical schools in a country and all the relevant sectors. The present document is intended to assist national authorities in this endeavour.
2. FORMULATING NATIONAL POLICIES, STRATEGIES AND PLANS
OF ACTION FOR REORIENTATION OF MEDICAL EDUCATION

The formulation of national policies, strategies and plans
of action form a continuum, and there are no sharp dividing
lines between them.

As with the essential steps which have been identified
for the managerial processes for national health
development*, the process of planning and programming for
the reorientation of medical education should consist of
certain basic steps. These are:

(1) The formulation of national medical education policy
— comprising goals, priorities, and main directions towards
priority goals that are suited to the social needs and
economic conditions of the country, and form part of the
national social, economic and health policies.

(2) Broad programming — the translation of the policies,
through various stages of planning, into strategies to
achieve clearly stated objectives, and wherever possible,
specific targets.

The formulation of strategies to give effect to the
policy of reorientation of medical education requires
decisions on specific priorities, objectives in relation to
these priorities, and the resources needed to attain these
objectives.

To reach these decisions, a careful and comprehensive
analysis of the situation in regard to medical education in
the country is required, with a view to arriving at solutions
that are socially, economically and technically feasible.

These solutions can be summed up as the selection and
subsequent formation of Reorientation of Medical Education
(ROME) programmes that use appropriate technology and are
delivered in an integrated manner, with parallel design or
redesign, as necessary, of the medical education
infrastructure, based on its social context.

*World Health Organization. "Managerial process for national
health development: guiding principles", Health for All
(3) Programme Budgeting - the preferential allocation of resources for the implementation of these strategies.

For any strategy to be viable, it is essential to make resources available for priority activities where and when they are needed. The process for doing so is called programme budgeting, i.e., making sure that budgets are available to attain programme objectives. Without this, plans are merely dreams on paper. Budgeting is a means of ensuring that programme decisions become budget decisions. The process of programme budgeting can be summed up as "programming by objectives, and budgeting by programmes".

Programme budgeting has to begin during policy formulation and particularly during broad programming, once priorities are known. These priorities will have to compete for resources not only among themselves, but also with the existing programmes and institutions. This being the case, to start off, it is useful to ensure at least that additional resources are allocated to defined priorities, since it is rarely possible to reduce resources available for ongoing activities.

During the early phase it is sufficient to make broad allocations expressed as orders of magnitude. These are placed in the formal annual development and operating budget and are further refined during detailed programme formulation.

(4) The master plan of action - resulting from broad programming and programme budgeting and indicating the strategies to be followed and the main lines of action to be taken in the medical education, health and other sectors to implement these strategies.

(5) Detailed programming - the conversion of strategies and plans of action into detailed programmes that specify objectives and targets, the technology, manpower, infrastructure, financial resources, and the time required for their implementation through a unified approach.

(6) Implementation - the translation of detailed programmes into action so that they come into operation as integral parts of the medical education system. The day-to-day management of programmes, the services and institutions for delivering them, and the continuing
follow-up of activities ensure that the programmes are proceeding as planned and are on schedule.

(7) Evaluation — of the developmental strategies and operational programmes for their implementation, in order to progressively improve their effectiveness and impact and increase their efficiency.

(8) Reprogramming — as necessary, with a view to improving the master plan of action or some of its components, or preparing new ones as required, as part of a continuous process.

(9) Support — in the form of relevant and sensitive information for all these components at all stages.

3. STRATEGIC ACTIONS AND STEPS

3.1 Formation of a National Reorientation of Medical Education Committee

The formation of a National Reorientation of Medical Education (ROME) Committee is an essential first step in the successful development and implementation of the ROME programme in a country.

(1) Representation

Reorientation of medical education is not only the concern of the various medical schools in a country. The health sector, as the main employer of the output of the medical schools, has, of course, a vital interest in it. Similarly, other sectors, such as the social security services, the industrial sector and the Defence Services have an interest, as utilizers, in the product of medical schools. Last, but not the least, the community at large have a stake in the reorientation of medical education as, in the final analysis, it is the health care services to the community that are the raison d'être for the production of physicians. This being the case, it is important that all these various interest groups should be represented on the Committee which is to discuss and decide on the reorientation of medical education.
(2) Linkages

The National ROME Committee should be formed by or have strong linkages with the highest possible decision- and policy-making levels of the governments.

(3) Organization

It might be necessary to have Regional/State ROME Committees and ROME Committees at each medical school.

(4) Responsibilities

The National ROME Committee would, in general, be responsible for the overall planning and coordination, monitoring and evaluation of the entire ROME programme in the country.

Specifically, it would be responsible for:

(a) organizing and conducting a situation analysis of medical education in the country;

(b) formulating or reviewing and revising the medical education policy and having it approved or endorsed by the highest possible policy-making body in the country;

(c) identifying the national strategies for reorientation of medical education;

(d) developing the national plan of action and a national medium-term programme for ROME;

(e) coordinating with other sectors in the government;

(f) liaising with WHO, other non-governmental organizations, bilateral agencies, and other UN agencies;

(g) generating and mobilizing resources; and

(h) monitoring and evaluating the ROME programme.
3.2 Situation Analysis

It is necessary that, before the formulation and development of a plan of action for the reorientation of medical education, a relatively quick assessment of the current status and situation of medical education in the country should be undertaken.

The WHO/SEARO document "Reorientation of Medical Education (No. 3) - Indicators for Monitoring and Evaluation"* could usefully be employed to ascertain the present status of medical education in the country.

3.3 Formulating or Reviewing and Revising the National Medical Education Policy

A national medical education policy may be defined as being an expression of goals for improving medical education so that it is responsive to and consistent with national socio-economic and health policies and goals.

The WHO/SEARO Regional Consultation on Targeting for Reorientation of Medical Education, held in November 1987, identified the following goal:

The goal for Reorientation of Medical Education in the South-East Asia Region is that, by the year 2000, all medical schools in the region will be producing, according to the needs and resources of the country, graduate or specialist doctors who are responsive to the social and societal needs and who possess the appropriate ethical, social, technical, scientific and management abilities so as to enable them to work effectively in the comprehensive health systems based on primary health care which are being developed in the countries of the Region.

It is of crucial importance that the national medical education policy be endorsed and approved at the highest possible decision- and policy-making levels.

*World Health Organization SEARO Regional Publications No. 18, New Delhi 1989
The following check-list may be used to develop, formulate or review national medical education policy:

The national medical education policy should:

(1) be within the framework and consistent with the:

(a) National socio-economic policy
(b) National manpower policy
(c) National education policy
(d) National health policy
(e) National health manpower development policy

(2) state the role and responsibilities of new graduate and specialist doctors in the national health services, which should be consistent with the country's main health problems, needs and priorities;

(3) indicate the type of graduate and specialist doctors needed in the country;

(4) give general directions as to the number of graduate and specialist doctors that need to be produced in relation to the needs and resources of the country;

(5) contain reference to the issue of whether there is a need for compulsory service for newly graduated doctors;

(6) contain reference to the issue of encouraging newly graduated doctors to work in rural areas; and

(7) contain reference to issues relating to equity concerning admission and selection procedures for students.

3.4 Identification of National Strategies for Reorientation of Medical Education

The national strategies for the reorientation of medical education should be based on the national medical education policy, and should include the broad lines of action required in all medical education policy.
The WHO/SEARO Consultation on "Targeting for the Reorientation of Medical Education", held in November 1987, identified the following strategies for ROME:

(1) Promotion and development of a national medical education policy in the context of the national education policy for health sciences as part of the national health policy, which in turn is related to the overall national socio-economic policy.

(2) Development of a Medical Education System which is responsive and relevant to the needs of the country in terms of quality and numbers of medical graduates and specialists produced.

(3) Establish national coordinating mechanisms such as committees, councils, commissions, etc., to functionally link the education of all health personnel with the health services and other sectors for, amongst other things, (a) medical manpower planning, (b) medical manpower production, and (c) medical manpower utilization and management.

(4) Promote and support Medical Education System development through:

(a) ensuring political commitment and support for implementation of medical education policy;

(b) ensuring support and cooperation from professional groups, such as professional associations, licensing bodies and medical councils;

(c) ensuring active cooperation from the health care delivery services to support the educational activities and vice-versa;

(d) ensuring support and active cooperation from (medical) teachers, especially those with most influence, so as to facilitate involvement of the faculty in the reorientation of the curriculum;

(e) enlisting economic/budgetary support for implementation of the policy;

(f) facilitating exchange of expertise and information regarding changes in medical educational programmes in medical schools within the country;

(g) conducting decision-linked research to support the implementation of the medical education policy and for reorientation of medical education.

(h) ensuring the involvement and support of the community in the reorientation of medical education.

(5) Carry out education programme reforms through:

(a) adapting the criteria and procedures used in the selection of medical students so that these are directly related to the expected performance of the graduates;

(b) selecting and making curriculum changes (departmental, institutional or through separate track approaches) that would permit:

- the production of the type and quality of doctors as related to the job description and also as related to the expectations of the users and consumers and feedback from the community;

- introduction of learning activities, promoting a more humanistic approach to the practice of medicine;

- modifying or introducing learning activities so that doctors will act by taking into account the social and ecologic perspective of health and disease and the social etiology and consequences of ill-health in their practice;
- modifying or introducing learning activities or experiences so that students will develop social, ethical, technical, scientific and managerial competencies and capabilities in relation to the totality of health care, viz., promotion, prevention, cure and rehabilitation;

- modifying or introducing learning activities so as to expose students to real-life situations in the community and provide learning-settings, affiliated to medical schools at the primary, secondary and tertiary levels, in a balanced way throughout the programme, so that students can develop skills, including managerial skills, which are relevant to the local health needs;

- introducing changes in the educational process so that they are learner/student oriented so as to promote self-initiated, self-directed learning and self-evaluation;

- introducing problem-solving based task-related learning, and promoting team learning in small groups of students; and

- promoting learning activities involving teams of students from different professions, so as to facilitate teamwork skills in future doctors.

(c) Modifying student assessment procedures and criteria so as to validly measure the expected performance of the graduates.

(d) Modifying and supporting administrative mechanisms and structures of the medical schools in order to facilitate:

- the development of curricula;
- the development of appropriate teaching/learning methodology;
- the development and use of appropriate methods;
- support for faculty development programmes needed for curriculum reform;
- development of a mechanism of assessment at the national level;
- coordination of information support and development, and
- cooperation between schools, disciplines and other sectors of community development.

(6) Mobilization of Resources

(a) Development of human resources through:

- modifying selection criteria of teachers in order to recruit better qualified teachers as regards competency in their role as educators;

- modifying recruitment and induction procedures to prepare newly recruited teachers for their role as educators;

- staff development and retraining so as to enhance their competency in the training of doctors suited to the needs of the community;

- modifying procedures and regulations regarding career opportunities, working conditions and provision of incentives for medical graduates, specialists and teachers;

- mobilizing medical and other categories of health personnel suited to participate in the training of future doctors;

- introducing training programmes and activities related to "leadership development".

(b) Mobilization of financial resources

(7) Monitoring and evaluation of reorientation of medical education programmes through:

(a) Developing mechanisms for monitoring and evaluation;
(b) adapting, modifying and developing indicators for monitoring and evaluation to be used at the national and institutional levels;

(c) developing procedures to assess the performance of doctors in relation to the expected performance;

(d) Periodic assessment of the impact of the reorientation of medical education programme, reporting on progress, and taking appropriate corrective measures.

(8) Intercountry cooperation through exchange of information and experiences and through exchange of expertise among countries regarding changes in medical education.

(9) To enlist the support of the World Health Organization in establishing regional mechanisms (e.g., Task Forces, Committees, Associations of Medical Education, etc.) for providing fora and as a means of coordinating information exchanges and technical cooperation, and, as well, for monitoring and evaluating the reorientation of medical education in the countries at the regional level.

(10) To enlist the support of other international/bilateral/multilateral agencies and non-governmental organizations in the reorientation of medical education in its various aspects.

3.5 Preparation of a National Plan of Action

(1) A National Plan of Action for the reorientation of medical education may be regarded as a broad intersectoral master plan for attaining the goal for the reorientation of medical education through implementation of the national strategies. It indicates:

- what has to be done,
- who has to do it,
- during what time frame, and
- with what resources
This framework, in turn, will lead to more detailed formulations of programme budgeting, implementation and evaluation.

(2) What has to be done

The national plan of action has to specify:

- the policies to be followed;

- the objectives to be achieved and

- the related targets (quantified to the extent possible);

- the political, social, economic and administrative processes required;

- the technology required;

- the necessary legislative and managerial mechanism and processes;

- priority problems that have been identified and the strategies chosen to solve them;

- country-wide programmes that have to be formulated in response to the priority problems, and the timetable for their implementation;

- the main actions agreed to be taken by all sectors concerned;

- the organization responsible for programme implementation;

- the framework for monitoring implementation and evaluating impact;

- manpower requirements; and

- the broad allocation of financial resources for programme implementation, taking into consideration resources actually and potentially available and the progressive increase in resources which will be necessary as the plan evolves.
(3) Who has to do it

The Ministry of Education or the Ministry of Health, or the equivalent government authority which is generally responsible for medical education in the country, should take overall responsibility for developing the national plan of action for the reorientation of medical education. In doing so, it should involve all organizations at the central, regional and institutional levels, with the central level aiming at enabling the institutions to plan for ROME in accordance with local circumstances, within the broad overall framework of the goals, strategies and targets for ROME.

At the central level, all other sectors and agencies concerned with or involved in the planning, production and utilization of doctors should be involved in the development of the plan, for example:

- ministry of education and/or ministry of health;
- other socio-economic sectors, e.g., ministry of social welfare, ministry of national planning, etc.
- medical councils;
- medical associations;
- non-governmental organizations
- community representatives

The State/regional levels should also be involved in the development of the plan, e.g., the State Ministry of Education or the State Ministry of Health, representatives from all the medical schools in the State/region, Regional medical and other health professional associations, non-governmental organizations at the regional level and community representatives.

At the institutional level, the aim should be to involve the following in the development of the plan: the Dean and administrative staff, all Professors and Heads of Departments, all teaching staff, representatives of students, and representatives of the community.

(4) Time frame

Although it is difficult to specify a definite and precise time table for the implementation of the plans of
action, it is nevertheless necessary to prepare tentative time tables and to revise them progressively depending on the political, social, economic, managerial and technical circumstances, as well as the availability of resources.

(5) Resources

Broad allocations and ways of financing will need to be defined at the initial stages of formulation of the plan of action.

The plan of action will have to take into consideration resources actually and potentially available, as well as the progressive increase of resources which will be necessary as the plan evolves. Local, national and international resources have to be taken into account in the proper combination.

Attention must be given to the most rational use of these resources, whatever their source.

The allocation of resources will have to become progressively more specific as the plans of action are refined.

3.6 Preparation of Detailed Programmes

Once the national plan of action has been developed, detailed programmes will need to be developed for implementation at the national, regional (if necessary), and institutional levels.

A programme implies a series of interrelated actions aimed at attaining defined objectives, such as the improvement of student selection or the improvement of performance assessment.

Each programme, to be developed in the light of the master plan of action, should include:

(a) The problem

(b) Background and justification (situation analysis)
(c) Objectives
   - broad objectives
   - specific objectives

(d) Target (quantified if possible)

(e) Strategies to achieve the objectives

(f) Action plan
   - main approaches
   - activities (what should be done, who should do it, and when)
   - milestones for implementation
   - monitoring and evaluation
   - supplies and equipment requirement
   - budgetary requirement
   - time schedule