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# Restructuring the Health Workforces of the NIS Countries: Report of an Unprecedented Multinational Conference

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*Health administrators and planners in the US and the Newly Independent States share many concerns regarding health workforce planning, access to care, and training. NIS countries would benefit greatly from increased international collaboration with institutions in the US having expertise in these areas.*

*Key words: NIS Countries; health workforce planning; international collaboration; multinational conference*

An unprecedented dialogue on post-Soviet health workforce policy took place when health professions educators and policy makers met in Tashkent Uzbekistan in April 1997. The International Conference on the Health Care Workforce for the 21st Century was organized under the auspices of the Association of Academic Health Centers, American International Health Alliance, the Government of Uzbekistan and Second State Medical Institute of Tashkent. The one hundred participants included vice presidents of health affairs of US academic health centers, nursing leaders from several US hospitals and universities and, from the Newly Independent States (NIS), medical and nursing education leaders and ministry officials from eleven nations. Several multinational agencies were also represented at the USAID-supported event.

Several factors contributed to the uniqueness of the event. In contrast to past policy deliberations within and among most of the NIS countries, the program recognized the scope and interdependence of workforce strategies that must be employed to achieve health reform objectives in the new political systems. Physicians and nurses reasoned together, an unusual experience for most of the participants. The participation of the US delegates in all of the discussions interjected a spirit of open and critical debate that was a new experience for officials accustomed to issuing and unquestionably following directives on all aspects of workforce management.

Common ground emerged early in the discussions. It became clear that health service reform in both the east and the west is putting all assumptions and processes in professional development under unprecedented scrutiny and pressure for adaptation to the emerging systems. The US delegation's description of managed care's impact upon the workforce was echoed by the litany of problems facing the nations of the NIS: an oversupply of specialists, an undersupply of family medicine and primary care practitioners, inadequate access due to geographic distribution, a nursing workforce which is increasingly out of sync with the needs of prevention and primary care centered systems, the challenge of assessing and improving practitioner's competence, and above all, the need for educators for the future.

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The dialogue was structured to encourage conclusions, but not formal recommendations. That enabled the participants to get past some of the tensions among countries that have impeded such discussions in the past, but not all. Many legacies of the Soviet period continue to inhibit discussion, not the least of which is that many of the same personalities are in new leadership roles and are still learning to respond to new expectations among colleagues.

Given such constraints, the conclusions of the deliberations are particularly candid, informative and constructive. They provide insight into present conditions, prospects for change and how future development assistance can most usefully be targeted.

*Health Workforce Planning*: It is essential that each country has a health workforce planning program in which both the Ministry of Health and the Ministry of Education collaborate and agree upon objectives and priorities. In some countries, local and regional (rayon) authorities should also be involved because of their direct responsibility for health professions education.

Most countries have the capacity and legal system to conduct effective workforce planning, but all would benefit from technical assistance to improve methodologies and data collection, particularly relative to studies of demand and patient satisfaction.

Workforce planning should have a long-term evolutionary perspective. It is important to consider the impact of change upon faculty and physicians who may no longer be needed.

In most countries, the highest priorities are changing the ratio of doctors to nurses, improving geographic distribution, and expanding the number of primary care providers while reducing the number of medical specialists. Economic incentives must be developed to accomplish such changes but it is not clear where the money to do it will come from.

Planning should address the importance of meeting "international standards" to facilitate the mobility of health professionals among countries.

*Interdisciplinary and Multidisciplinary Education*: To establish health systems which are oriented to preventive and primary care, it is essential to introduce interdisciplinary thinking and practice into the curriculum of medicine, nursing and midwifery. The principles of "Health For All," developed by the World Health Organization, provide a useful basis for interdisciplinary training.

The professions must work together to clarify the roles and division of labor among specific medical and nursing specialties and midwifery.

There is interest in developing interdisciplinary clinical training programs for medical and nursing students. However, it is important to study demonstrations and evaluations of interdisciplinary training experiences in other countries before promoting any particular model.

*Primary Care, Family Medicine and General Practice:* The terms "primary care", "family medicine" and "general practice" are confusing. They are imported from several countries and the details — such as scope of practice and length of training — are not consistent among them. It would be helpful to have these terms defined by identifying specific tasks associated with each.

The most serious barrier to developing these specialties is the lack of qualified faculty. Training faculty is the highest priority for all of the NIS countries.

Another barrier is the lack of incentives to develop primary care and family practice services. In Russia and in several other countries there is concern that the old system will be weakened or even eliminated before the necessary infrastructure for the new system — personnel, practice sites and finances — is put in place. The role of the district physician must change from primarily making referrals to having responsibility for the care of the patient.

All of the countries are developing training for family practitioners. One innovation is a family practice medical school where students have limited exposure to specialty practice. Another innovation places family practice training in rural ambulatory settings. The training horizon is long and the number of trainees is relatively small.

*The Supply of Physicians:* While most countries have an over-supply of specialist physicians, a few have a shortage of all kinds of physicians. Several countries are attempting to

reduce the supply by reducing admissions to medical schools. The process is slow; it is complicated in those countries with new private medical schools, and in Russia, where control of most medical education has been decentralized to the rayons or cities.

All of the countries want to increase the number of family practice and primary care specialists.

*Medical Education:* There is disagreement about the value of standardization of the curriculum across the NIS and within many of the countries. Under the old system, 80 percent of the curriculum was prescribed by the Ministry of Health. Some schools launched innovations at the time of Perestroika and the rate of change has accelerated since independence.

There is general agreement that extending the length of training will improve quality and help reduce the number of graduates. Many schools are adding courses in the social sciences, law and language. There is also interest in expanding elective courses.

Public health content, and particularly non-communicable disease epidemiology, should be expanded.

Faculty training in new ways of thinking and teaching is a high priority.

*The Supply, Role and Education of Nurses:* There is agreement that the number of appropriately trained nurses must be expanded in all of the countries. There is also agreement that nurses should be given higher status and compensation commensurate with their level of education.

Most of the countries have initiated reforms in nursing education to establish the professional status of nurses with a higher level of competency. They are increasing the level of education required for admission to nursing schools and extending the length of education, in most cases from two to three years or from three to four years.

The nursing profession should be encouraged to develop appropriately trained faculty for all levels of nursing education, to gradually replace the physicians who now comprise most of the faculties.

There is a great need to expand educational requirements and opportunities for practicing nurses.

*Assessing the Competency of Practitioners:* New methodologies should be developed for testing new graduates and for assessing the competence of practicing physicians, nurses and midwives. Several countries are developing "western-style" licenser examinations and would value technical assistance.

*Continuing Education and Re-training:* The continuing education of all health professionals is of the utmost importance to efforts to reform health systems, but in most countries, continuing education has not received the attention it merits. There is agreement that continuing education is the essential strategy to improve quality of care, expand competencies, change old habits and establish the values of preventive and primary care centered health systems.

There is little confidence in the old system of requiring periodic courses at free-standing continuing education institutes; these institutes have already been dismantled or changed in a few countries. The reality is that the institute system cannot be modified until new support becomes available. Efforts to create new systems are just beginning. The continuing-education role of medical and postgraduate nursing schools has expanded in Russia and several other countries.

Several of the countries are concentrating on retraining specialists to act as family physicians until they can be replaced by graduates from formal programs. There is no agreement on the form, content or length of appropriate retraining programs, and foreign advice has led to confusion about international standards.

*The Role of Professional Organizations:* Professional organizations should be encouraged and strengthened to help establish quality assurance in health services delivery, provide continuing education, and certify competent practitioners. Where the state retains control of the certification or licenser process, representatives of professional organizations should participate in the development of standards, and professional organizations should be given the opportunity to review and comment on all regulations.

*Accreditation*: Several ministries of health and professional organizations are considering or implementing accreditation programs for hospitals and schools. Committees that include professional organization representatives and ministry officials are writing standards, and surveys — usually self-surveys — are being conducted. There is a need for demonstrations, particularly of accreditation systems which do not require new financial support.

*International Collaboration*: Professional education and development throughout the NIS can benefit from increased collaboration among the countries and with American academic health centers through the American International Health Alliance partnership system. Partnerships should be expanded to specifically include schools of medicine and nursing.

The AIHA should put the highest priority upon developing a program for family medicine and ambulatory practice faculty development. The program would train a small group of faculty from each country to act as "trainers of trainers".

International collaboration in activities such as licenser, accreditation, certification, continuing education and retraining is impeded by the diversity of terminology. There is a need for an authoritative body to develop a universal terminology for the non-technical aspects of health professions education and development.

The highest priorities for additional international collaboration activities are family medicine, primary care and public health education.

**Note**

Participants in the dialogue at Tashkent represented Uzbekistan, Kazakstan, Kyrgyzstan, Tajikistan, Turkmenistan, Belarus, Ukraine, Moldova, Armenia, Georgia, The Russian Federation, Bosnia and Herezegovina, the United States and Canada.