

# WHO PROGRESS REPORT ON HEALTH WORKFORCE EDUCATION, 2013–2015



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## Acknowledgments

This progress report on health workforce education was developed to highlight the progress on the strategies and activities of WHO and its partners in transforming health workforce education. Special thanks go to Member States and Members of the Technical Working Group on the Global Evaluation Tool for Health Workforce Education for their efforts and commitment to advancing health workforce education.

## Executive summary

*The world health report 2006 – Working together for health* recognized the importance of the health workforce in country health systems, referring to the urgent need to increase the numbers of health workers to achieve the Millennium Development Goals. This was later followed by World Health Assembly resolution WHA59.23 on scaling up health workforce production that resulted in the WHO initiative on transforming and scaling up health professionals' education and training. The initiative focuses on the importance of transforming the health workforce to meet the needs of its Member States.

The key objective of this report is to highlight the progress on the strategies and activities of WHO and its partners to transform health workforce education. It documents the activities undertaken in support of World Health Assembly resolution WHA66.23 on transforming health workforce education in support of universal health coverage. During 2013–2015, WHO supported Member States in their efforts to address health workforce challenges by developing and implementing the transformative education guidelines and website, the Global Evaluation Tool and an eBook on integrating a social determinants of health approach into health workforce education and training.

In 2013, WHO published its first guidelines on transforming and scaling up health professionals' education and training in response to World Health Assembly resolution WHA59.23, which called for Member States to contribute to rapidly scaling up the production of health workers.

In September of the same year, WHO established a multidisciplinary Technical Working Group on the Global Evaluation Tool for Health Workforce Education comprising 40 experts and policy-makers representing all six WHO regions. This group supported WHO in drawing up an implementation plan for resolution WHA66.23 on transforming health workforce education in support of universal health coverage, thereby ensuring the technical standing of the tool. So far, three meetings on the Global Evaluation Tool for Health Workforce Education have been held as since 2013.

In July 2014, the Global Evaluation Tool for Health Workforce Education was finalized with the support of the Technical Working Group on the Global Evaluation Tool for Health Workforce Education with the goal of generating data at the national and educational institution levels. Learning from successful implementation models using the assessment tools in the WHO South-East Asia Region and Portugal will be subject to the availability of human and financial resources provided by Member States and partners.

The transformative health workforce education website ([www.whoeducationguidelines.org](http://www.whoeducationguidelines.org)) was launched in 2013 and was originally designed to assist in implementing WHO guidelines on transforming and scaling up health professionals' education and training. The website is an open-access resource and interactive ePlatform that facilitates and enables the dissemination of WHO technical documents around transformative health workforce education to a global audience. It encourages and promotes dialogue, interaction and networking, as well as hosts an interactive map to showcase examples of good practice and country experiences. As the WHO guidelines are revised, supplementary or additional information can be readily accommodated in the existing structure, making for a cost-effective and efficient resource.

WHO is currently developing an eBook on integrating a social determinants of health approach into health workforce education and training. The development and production of the eBook is part of ongoing work to implement the WHO guidelines on transforming and scaling up health professionals' education and training. This eBook will draw together the best global resources on social determinants of health with WHO technical officers working with designated international subject matter experts to capture and present essential themes in a concise manner, using new learning media to engage and inspire readers. This eBook is being produced in four formats: Word, Interactive PDF, ePub and HTML.

WHO will continue the second phase of activities in 2016 with a report to the Seventieth World Health Assembly on lessons learned from country and regional implementation and how the assessment tools contribute to transformative health workforce education.

Activities will include revisions to the draft tool and protocol to further improve its utility at the national and institutional levels. Further analysis of the data from an initial 27 countries will be used to inform the tool's capacity to provide standardized data across institutions and countries in support of global public goods. The data obtained from the Global Evaluation Tool for Health Workforce Education will also help guide and inform the education module to be included in a handbook on national health workforce accounts – planning to be published in 2016 as a companion piece to the Global Strategy on Human Resources for Health: Workforce 2030.

## Background

Achieving universal health coverage by ensuring that all people obtain the health services they need without suffering financial hardship when paying for them, is entrenched in the health goal of the Sustainable Development Agenda 2030.

I regard universal health coverage as the single most powerful concept that public health has to offer. It is inclusive. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care.

**Margaret Chan,**  
WHO Director-General

Health workforce shortages and/or maldistribution affect many low- and middle-income countries, and this reduces their likelihood to achieve universal health coverage. In many of these countries, health workers are the weakest link in the health system. *The world health report 2006 – Working together for health (1)* reported that 57 countries fell below the critical threshold of 2.3 physicians, nurses and midwives per 1000 population. Thus, building the capacity of the health workforce represents a critical pathway to achieving

## Key World Health Assembly resolutions

- 2004 Resolution WHA57.19 on the international migration of health personnel: a challenge for health systems in developing countries
- 2006 Resolution WHA59.23 on the rapid scaling-up of health workforce production
- 2006 Resolution WHA59.27 on strengthening nursing and midwifery
- 2009 Resolution WHA62.12 on primary health care, including health systems strengthening
- 2010 Resolution WHA63.16 on the WHO Global Code of Practice on the International Recruitment of Health Personnel
- 2011 Resolution WHA64.6 on health workforce strengthening
- 2011 Resolution WHA64.7 on strengthening nursing and midwifery
- 2013 Resolution WHA66.23 on transforming health workforce education in support of universal health coverage

## Guidelines and tools

### Guidelines on transforming and scaling up health professionals' education and training

The WHO guidelines on transforming and scaling up health professionals' education and training (5) identify and discuss some of the challenges in health workforce education. They include slow and fragmented curriculum reform and pedagogy assessment, poor interprofessional collaboration and teamwork, emphasis on a technical focus without contextual understanding, hospital-centric as opposed to primary health care-based training, and focusing mostly on a curative model as opposed to a continuum of care.

In November 2013, WHO published its first guidelines on transforming and scaling up health professionals' education and training (5)

in response to World Health Assembly resolution WHA59.23 (3), which called for Member States to contribute to rapidly scaling up the production of health workers. Resolution WHA59.23 also called for the development of national comprehensive health workforce strategies. As a global normative and technical health agency, WHO has assumed responsibility for providing guidance to countries on the transformative scaling up of health professionals' education.

#### The main objectives of the guidelines are:

- to provide sound policy and technical guidance on pre-service education, especially to countries experiencing shortages of doctors, nurses and midwives (technical and policy guidelines); and
- to guide countries on how to integrate continuing professional education and continuing professional development as part of scaling up medical, nursing and midwifery education to ensure excellence in care, responsive health-service delivery and sustainable health systems.

The WHO guidelines on transforming and scaling up health professionals' education and training are a major contribution to the challenging task of reshaping the health workforce of countries for the benefit and well-being of their citizens. They are a key reference point for Member States in their efforts to improve the quantity, quality and relevance of health workforce education. They set out a vision for transforming education for the health professions, including promoting social accountability in health professional education and of close collaboration with communities.

#### Global Evaluation Tool on Health Workforce Education

In May 2013, Member States, through World Health Assembly resolution 66.23, referred to addressing health workforce more broadly: transforming health workforce education in support of universal health coverage. Consequently, WHO established a multidisciplinary Technical Working Group on

the Global Evaluation Tool for Health Workforce Education in September 2013 comprising 40 experts and policy-makers representing all six WHO regions. This group supported WHO in drawing up an implementation plan for resolution WHA66.23, thereby ensuring the technical standing of the Tool. So far, three meetings have been held since 2013 on this account. In July 2014, the Global Evaluation Tool for Health Workforce Education was finalized with the support of the Technical Working Group on the Global Evaluation Tool for Health Workforce Education with the goal of generating data at the national and educational institution levels.

Given the need to go beyond assessing health professionals to encompass other cadres such as mid-level providers and community-based workers who are part of the formal health system, the Technical Working Group also developed a list of indicators, which expanded on and is complementary to the guidelines on transforming and scaling up health professional education and training. An implementation protocol was developed to guide Member States as they apply the Global Evaluation Tool to their particular setting (country context). Guiding principles were included to ensure a more broad understanding of the health workforce being trained. The WHO Technical Working Group on the Global Evaluation Tool for Health Workforce Education also developed a list of indicators, which expanded on and is complementary to the guidelines on transforming and scaling up health professional education and training. Two distinct tools were developed: one for institutions and the other for governments. These tools were piloted by a web-based survey asking Member States to provide relevant data and comments and a country case study for Portugal.

#### Web-based pilot survey of the Global Evaluation Tool

As of October 2015, institutional-level data was received from 76 institutions from 27 Member States<sup>1</sup> representative of all WHO regions and from the national policy level of nine Member

<sup>1</sup> Australia, Bangladesh, Belgium, Botswana, Cameroon, Canada, Chile, Germany, Ghana, Ethiopia, India, Jordan, Lesotho, Liberia, Malawi, Malta, Mauritius, Myanmar, Netherlands, Rwanda, Saudi Arabia, Sierra Leone, South Africa, South Sudan, United Kingdom, United Republic of Tanzania, United States of America and Zambia.



States.<sup>2</sup> Engagement from the African Region provided more than 20% of the government responses and nearly 40% of the institutional assessment data, suggesting a high demand for improved assessment tools and financial support to address health workforce education.

Members of the Technical Working Group were asked to reach out to training institutions during the pilot phase (Tables 1 and 2). Fifty-four of the 76 institutions were respondents from accelerated medically trained clinician institutions. Specific country responses from this group included Australia, Bangladesh, Canada, Ethiopia, Germany, Ghana, India, Liberia, Malawi, Mauritius, Myanmar, Netherlands, Rwanda, Saudi Arabia, Sierra Leone, South Africa, United Kingdom, United Republic of Tanzania, United States of America and Zambia

**Table 1. Response rate of accelerated medically trained clinician institutions**

	Countries	Institutions
Invited to complete survey	39	104
Respondent for data on WHO Global Evaluation Tool for Health Workforce Education	20	54
Response rate	51%	52%
Respondent not training cadre now or too early in setting up programmes	3 (Gabon, New Zealand)	2 (Afghanistan, Israel)
Respondent but did not complete in WHO system	6	16
Total responses	29/39	72/104
Total response rate	74%	69%

Table 2 shows the breakdown of responses from institutions across the WHO regions in terms of quantity, quality, relevance and sustainability

<sup>2</sup> Antigua and Barbuda, Bangladesh, Barbados, Botswana, British Virgin Islands, India, Kenya, New Zealand, Romania and Saint Lucia.

**Table 2. Existing effective policy to support universal health coverage in terms of quantity, quality, relevancy and sustainability**

WHO region	Number of institutes	Quantity	Quality	Relevancy	Sustainability
African Region	30	12	9	9	8
Region of the Americas	15	5	10	6	7
South-East Asia Region	8	3	2	3	1
European Region	20	10	16	14	10
Eastern Mediterranean Region	2	1	1	0	2
Western Pacific Region	1	1	1	0	1
Total	76	32 (42%)	39 (51%)	32 (42%)	29 (38%)

Roughly half the respondents mentioned that there were prioritized and effective policies regarding the movement of the health workforce towards universal health coverage in terms of quantity (42%), sufficient quality (51%) and relevancy (42%). About 60–70% responded positively about their faculty development of mandatory programmes recommended for all health workforce education institutions and relevant to the reference population. Almost 70% replied that the accreditation or equivalent standards requiring relevance to the entire reference population are in place for health workforce education curricula.

According to these initial findings from the national-level questionnaire, the implementation of effective national policies on health workforces towards achieving universal health coverage in terms of quantity, quality and relevancy needs to be strengthened. The amount of curriculum time delivered in regions with the lowest quartile of ratio of health workforce to population, interprofessional learning and the number of students from minority groups graduating from health workforce education programmes need to be improved. Fortunately, accreditation mechanisms or equivalent processes for

standardization and regulation or licensure processes are in place. Professional bodies appear to take an active role in the health workforce education pre-service curricula. Other needs and gaps identified include a lack of adequate support on the sustainability of investment and support for health workforce education institutions. This finding is consistent with the national-level response. Further, responses at the national level indicate that the numbers of graduates from educational institutions need to be substantially increased to have sufficient health workforce to support the achievement of universal health coverage based on the WHO threshold of 2.28 per 1000 population.

### **Pilot study of the Global Evaluation Tool in Portugal**

Following the invitation by Paul Macedo, Portugal's former Minister of Health, in July 2014 to implement the Global Evaluation Tool in Portugal, a meeting was held on 31 March 2015 to examine the survey part of the tool and suggest modifications before a planned pilot study in Portugal.

WHO invited Maria do Céu Machado, the Director of Central Hospital of Lisbon, which is the largest hospital in Lisbon, to chair the Portuguese Taskforce Coordination Team on 19 March 2015 with the support of Francisco Goiana da Silva and Andreia Fradhino Bruno, who are also members of the Technical Working Group on the Global Evaluation Tool for Health Workforce Education.

Both the institutional and government tool surveys were reviewed and suggestions made in preparation for piloting the tool in Portugal. The discussion was used to test the internal validity of the tool with the audiences to which they were directed. It also presented an opportunity for Portugal to have an internal dialogue on the status of their health workforce education with a view to data collection before making recommendations to improve the system. One positive aspect has been the feedback on the wording of the survey tools and the inclusion of a wider range of educational institutions to ensure greater clarity for a global audience.

Following the change of government in Portugal, meetings are being planned to ensure the continuity of the work by raising awareness among key incoming officials. It is therefore expected that the finalized case study will be provided to WHO in the first quarter of 2016 before the Seventieth World Health Assembly.

### **Transformative health workforce education website**

The transformative health workforce education website ([www.whoeducationguidelines.org](http://www.whoeducationguidelines.org)) was launched in 2013 and was originally designed to assist in implementing WHO guidelines on transforming and scaling up health professionals' education and training (5). Its scope has subsequently been expanded to accommodate World Health Assembly resolution WHA66.23 (4) by specifically facilitating technical support to Member States in formulating and implementing evidence-based policies and strategies to strengthen and transform their health workforce education in support of universal health coverage. The website is an open-access resource and interactive ePlatform that facilitates and enables the dissemination of WHO technical documents on transformative health workforce education to a global audience. The outputs of WHO sessions at the 2014 Prince Mahidol Award Conference (6) have guided and informed the development of six partnership areas that complement the guidelines, key policy issues and policy briefs (7). The website encourages and promotes dialogue, interaction and networking through the use of social media (8) and hosts an interactive map to showcase examples of good practice and country experiences. As the WHO guidelines are revised, supplementary or additional information can be readily accommodated in the existing structure, making for a cost-effective and efficient resource.

The continued development of the website is guided and informed by a set of comprehensive web analytics covering both the website and its social media platforms. Incorporating research questions into the website development adds value to the analytical framework and scientific rigour of implementation strategies and the website's quality improvement process.

A digital media strategy based on health policy and systems research methods aims to actively promote the involvement of local people and stakeholders to more strongly emphasize their participation in identifying problems and developing solutions, and through these actions, facilitate the development of effective partnerships and networks at the national level.

### **Use of the Global Evaluation Tool to scale up midwifery education in four project sites in Africa**

WHO is currently running a five-year project in four Seventh Day Adventist Schools in Botswana, Cameroon, Lesotho and Malawi. A meeting was held in Bloemfontein in which all four schools attended with representatives from the respective health ministries. Thirty-five participants attended the meeting. Time was devoted for the participants to learn about accessing and completing the tool online. This exercise was deemed to be very useful, since it generated baseline information for the project and will be an important reference point for subsequent evaluation of project implementation.

### **eBook on integrating a social determinants of health approach into health workforce education and training**

WHO is currently developing an eBook on integrating a social determinants of health approach into health workforce education and training (9). The eBook is part of ongoing work to implement the WHO guidelines (5) and also in support of World Health Assembly resolution WHA66.23 (4). The eBook will draw together the best global resources on social determinants of health with WHO technical officers working with designated international subject matter experts to capture and present essential themes in a concise manner, using new learning media to engage and inspire readers.

The eBook will be aimed at health workers, educators, researchers and policy-makers. It will provide an evidence-based narrative tool to reframe, reorient and recalibrate health workforce education and training to deliver a

health workforce that is fit for purpose to meet challenges and create opportunities for the 21st century. It builds on the WHO framework for action on interprofessional education and collaborative practice (10) and a socially accountable approach (11) as part of the national accreditation standards to promote adaptive expertise within the primary health care team and enable Member States to better respond to evolving community needs.

The eBook Steering Committee agreed to adopt an agile development approach (12) to assess the relevance of eBook's content during its development as part of an iterative, incremental and evolutionary process. The eBook is being produced in four formats: Word, interactive PDF, ePub and HTML.

### **Contributions of Member States**

The WHO Regional Committee for South-East Asia adopted resolution SEA/RC67/R6 on strengthening health workforce education and training in countries in South-East Asia (13) in 2014 and prompted targeted actions by Member States to identify both opportunities and challenges in improving health professional education. All 11 Member States in the South-East Asia Region participated in a consultation exercise in 2014. Continued collaboration between WHO headquarters, the WHO Regional Office for South-East Asia and country offices resulted in the development of regional peer-reviewed national priorities as well as targeted support for policy dialogue in Bhutan, Myanmar, Indonesia and Sri Lanka. This model demonstrates the potential utility of engaging all three levels of WHO in assessment, policy dialogue and follow-up with Member States.

## Next steps

The Global Evaluation Tool is constructed to provide governments and institutions with a situational assessment of the strengths and weaknesses in health professional education to prompt critical analysis of policy options. The emphasis is to take action within the institution or the national setting based on the results. The data obtained from the tool can also be used to assess similarities and trends across institutions and countries and therefore provide technical support to Member States on their respective assessments. Subject to available funding, WHO will further develop the utility of the tool for this purpose in the next phase of implementation.

Since the Global Evaluation Tool is one of the first tools to actively reach out to a broader range of health workforce institutions, note that 71% of the responses were from accelerated medically trained clinician institutions, further demonstrating the importance of including wider health workforce cadres. Campbell et al. (14) note that a “paradigm shift in health workforce development efforts, moving towards a more diverse range of skills supporting primary care” needs to occur in accordance with the Global Strategy on Human Resources for Health: Workforce 2030. Community-based cadres not previously included in studies need to be considered at the country and regional levels to expand the recruitment, education, support and retention of these workers. Defining and categorizing these workers will aid in educating about, regulating and enhancing the scope of practice and the clarity of services provided.

WHO will continue the second phase of activities in 2016 with a report to the Seventieth World Health Assembly on lessons learned from country and regional implementation and how the assessment tools contribute to transformative health workforce education. Activities will include revisions to the draft tool and protocol to further improve its utility at the national and institutional levels. Further analysis of the data from an initial 27 countries will be used to inform the tool's capacity to provide standardized data across institutions and countries in support of global public goods. The data will also help guide and inform the education module to be included in the handbook on national health workforce accounts planned to be published in 2016 as a

companion piece to the Global Strategy on Human Resources for Health: Workforce 2030. Further activities, including adapting lessons from the successful model in the WHO South-East Asia Region and Portugal, will be subject to the human and financial resources made available by Member States and partners.

WHO will work with its regional offices to develop a series of regional workshops as part of the eBook launch, which will complement and strengthen efforts to harmonize WHO national health workforce education accounts, the Global Evaluation Tool as well as appropriate institutional level tools for social accountability as an essential element of the national accreditation standards (15).

Finally, WHO is planning a side session at the Prince Mahidol Award Conference 2016 on transforming health workforce education: implementation of the WHO Global Evaluation Tool for Health Workforce Education. The event is aimed at bringing together educators, research experts, policy-makers, professional associations and civil society representatives to share experiences and potential future activities related to the Global Evaluation Tool for Health Workforce Education

## References

1. *The world health report 2006 – Working together for health*. Geneva: World Health Organization; 2006 (<http://www.who.int/whr/2006>, accessed 30 November 2015).
2. *The world health report 2013 – Research for universal health coverage*. Geneva: World Health Organization; 2013 (<http://www.who.int/whr/2013/report/en>, accessed 30 November 2015).
3. World Health Assembly. Resolution WHA59.23. Rapid scaling up of health workforce production. Geneva: World Health Organization; 2006 ([http://apps.who.int/gb/e/e\\_wha59.html](http://apps.who.int/gb/e/e_wha59.html), accessed 30 November 2015).
4. World Health Assembly. Resolution WHA66.23: transforming health workforce education in support of universal health coverage. Geneva: World Health Organization; ([http://apps.who.int/gb/e/e\\_wha66.html](http://apps.who.int/gb/e/e_wha66.html), accessed 30 November 2015).
5. Transforming and scaling up health professionals' education and training: World Health Organization guidelines 2013. Geneva: World Health Organization; 2013 ([http://apps.who.int/iris/bitstream/10665/93635/1/9789241506502\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/93635/1/9789241506502_eng.pdf), accessed 30 November 2015).
6. Transformative learning for health equity [website]. Salaya: Prince Mahidol Award Foundation; 2015 ([http://pmaconference.mahidol.ac.th/index.php?option=com\\_content&view=article&id=608&Itemid=207](http://pmaconference.mahidol.ac.th/index.php?option=com_content&view=article&id=608&Itemid=207)).
7. About the guidelines [website]. Hanover: Transformative Education for Health Professionals; 2015 (<http://whoeducationguidelines.org/content/about-guidelines>, accessed 30 November 2015).
8. Setting the scene. Geneva: World Health Organization; 2014 ([http://www.who.int/about/resources\\_planning/WHO\\_GP\\_W12\\_setting\\_the\\_scene.pdf](http://www.who.int/about/resources_planning/WHO_GP_W12_setting_the_scene.pdf), accessed 30 November 2015).
9. WHO eBook on integrating a social determinants of health approach into health workforce education and training: First Meeting of the Steering Group: 1–2 December 2014. Geneva: World Health Organization; 2015 ([http://www.who.int/hrh/resources/ebook\\_integrating\\_social\\_determinants/en](http://www.who.int/hrh/resources/ebook_integrating_social_determinants/en), accessed 30 November 2015).
10. Framework for action on interprofessional education and collaborative practice. Geneva: World Health Organization; 2010 ([http://www.who.int/hrh/resources/framework\\_action/en](http://www.who.int/hrh/resources/framework_action/en), accessed 30 November 2015).
11. Boelen C, Heck JE. Defining and measuring the social accountability of medical schools. Geneva: World Health Organization; 1995 (<http://apps.who.int/iris/handle/10665/59441>, accessed 30 November 2015).
12. Agile development process of WHO eBook on the social determinants of health. Hanover: Transformative Education for Health Professionals; 2015 (<http://whoeducationguidelines.org/blog/sdh-ebook-agile-development-process>, accessed 30 November 2015).
13. WHO Regional Committee for South-East Asia. Resolution SEA/RC65/R7 on strengthening health workforce education and training in the Region. New Delhi: WHO Regional Office for South-East Asia; 2015 ([http://www.searo.who.int/entity/human\\_resources/topics/RC65\\_r7.pdf](http://www.searo.who.int/entity/human_resources/topics/RC65_r7.pdf), accessed 30 November 2015).
14. Campbell J, Admasu K, Soucat A, Tlou S. Maximizing the impact of community-based practitioners in the quest for universal health coverage. Bull World Health Organ. 2015;93:590–A (<http://www.who.int/bulletin/volumes/93/9/15-162198/en>, accessed 30 November 2015).
15. Review of medical education in the Eastern Mediterranean Region: challenges, priorities and a framework for action. Cairo: WHO Regional Office for the Eastern Mediterranean; 2015 ([http://applications.emro.who.int/docs/RC\\_technical\\_papers\\_2015\\_3\\_16503\\_EN.pdf?ua=1&ua=1](http://applications.emro.who.int/docs/RC_technical_papers_2015_3_16503_EN.pdf?ua=1&ua=1), accessed 30 November 2015).

## Further reading

1. World Health Organization. Increasing access to health workers in remote and rural areas through improved retention. Global policy recommendations. Geneva: World Health Organization; 2010 (<http://www.who.int/hrh/retention/guidelines/en>, accessed 30 November 2015).
2. Ricketts TC, Fraher EP. Reconfiguring health workforce policy so that education, training, and actual delivery of care are closely connected. *Health Aff.* 2013;32:1874–80.
3. Cobb N. A call to action: accelerated medically trained clinicians and the social determinants of health. Hanover: Transformative Education for Health Professionals; 2015 (<http://whoeducationguidelines.org/blog/call-action-accelerated-medically-trained-clinicians-and-social-determinants-health>, accessed 30 November 2015).