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REPORT ON CONTINUING EDUCATION ACTIVITIES

At its 11th plenary session, held on 10 October 1974, the XIX Pan American Sanitary Conference requested the Director, by means of Resolution XXIII (see Annex), to cooperate with the Governments in their efforts to plan and execute improved continuing education programs with a view to achieving a sustained upgrading of health care personnel.

Based on the guidelines set forth in the resolution, a study was made of national continuing education programs in order to determine their scope and current or potential technical, human and financial resources.

Continuing Education in the Countries of Latin America and the Caribbean

Continuing education programs are conducted in all the countries of Latin America and the Caribbean. There is an absence of systematic information on these programs, but what is available, although partial and incomplete, leads one to conclude that these activities are very useful and activate a good deal of financial and manpower support.

In order to supplement this information, a survey of continuing education programs was conducted in 1975 in 23 countries of Latin America and the Caribbean. This preliminary study was intended to explore program goals, coverage, organization, operation and scope, and thus provide a starting point for the deliberations of a Consultative Group which was scheduled to meet from 8 to 12 December 1975.

Program Goals

The survey indicated a wide variety of activities being included under the general heading of continuing education. It is essential in the future for a clear distinction to be made, by program goal, between the types of training offered health care personnel during their professional career.

Different program goals--in service training, training for purposes of standardization, updating, specialization, reorientation and iterative or recurring education--require different training approaches.

Number and Scope of Programs

The survey revealed that there are no less than 155 programs, many of them subdivided into secondary programs. Their organization and coordination vary from national programs for all health care personnel with the potential of acquiring a permanent structure, down to sporadic programs for small groups of professionals. In general, coverage is limited and reaches only a small proportion of health personnel.

Program Coverage

According to the survey's results, programs are generally organized by professions and the needs of professional groupings (physicians, nurses, technicians, auxiliaries, etc.). Thus, each professional class is given access to specific programs.

Most programs are geared to physicians, followed in order of frequency by nurses, dentists, pharmacologists, technicians or technologists, and administrative and auxiliary personnel. Although the majority are optional, there are 29 which are compulsory, mainly for nurses, technicians and auxiliaries.

Program Organization and Funding

Responsibility for maintenance of health care personnel in most countries is shared between agencies involved in medical care (the ministry of health or social security system), educational institutions and professional associations. Their involvement in designing, organizing, implementing and funding continuing education programs depends on the type of personnel the programs are geared to. Universities and other higher education institutions handle graduate professional education, with the ministries of health, which must meet problems and requirements for services, taking care of training and updating technicians and auxiliaries.

The major role played by the public sector, especially the ministries of health, in pinpointing continuing education needs in the field of coordination, programming and execution, was brought out by the survey. These ministries, together with the universities, are in charge of most programs.

Programs are financed almost entirely by public funds. Future funding raises a problem since recommendations to promote continuing education programs, are frequently not supported by the corresponding proposals in the budget.

Orientation and Features of the Programs

Several predominant features stand out in continuing education programs:

- They tend to complement or update technical or academic learning and have little bearing on service practice.
- They are geared towards a profession, i.e., the programs for a particular occupational category are in response to special interests and unrelated to other service components.
- They make use of direct educational methods, such as lectures, seminars and courses, which benefit urban professionals but not those working in rural or outlying areas whose needs are greatest.
- They are distributed unequally and only as the exception reach out to subordinate health care personnel; thus, those with the least training initially are offered less supplemental instruction. Program priority is also given to specialized levels of attention and only rarely includes primary care.

Support for National Continuing Education Programs

The Organization devotes a great deal of its resources to training, e.g., of teachers and instructors, through courses, seminars, fellowships, and related activities such as the distribution of scientific documents and development of teaching technology. For these purposes it makes use of and collaborates directly with the training and research centers.

Orientation and organization of programs has varied. For one thing, teaching activity has been intensified, as revealed by the growth in the number of courses, seminars, and lectures and the number of participants. Second, programs which initially were aimed only at professionals now involve other types of health care personnel. Third, the programs have been turned into a continuous mechanism for meeting the overall need to bring all health care personnel up to date.

Rather than bolstering educational institutions in their respective spheres of learning, PAHO, in collaboration with the national training centers, offers a wide gamut of technical courses, seminars and workshops in health services, family health, human resources, disease control, support services and environmental health, which attract a large number of workers in the health care field.

Most of these courses or seminars deal with operational service needs. Through the granting of some 1,200 fellowships per year, different levels and categories of health care personnel are offered a chance to enroll for postbasic training in short courses or academic courses, or to travel abroad.

The activities described above, although of a continuing nature, cannot be considered a continuing education program, inasmuch as they do not offer all health care workers the chance for iterative or recurring education throughout their career. They are, nevertheless, valuable as supporting elements of the national programs which are beginning to be implemented.

PAHO has assisted continuing education programs in several countries of Latin America, including Colombia, Cuba, Ecuador, Guatemala, Peru and, more recently, El Salvador, Honduras and Nicaragua.

In time, these programs will become an authentic system in each country for updating and improving the quality of health care personnel. In order to establish sustained programs of continuing education as set forth in Resolution XXIII, the technical and structural bases of the national programs must be consolidated.

Meeting of a Consultative Group

Once the basic information had been collected, a meeting was convoked of a Consultative Group made up of persons responsible for continuing education programs in several countries of the Region. The meeting has held at Headquarters from 8 to 12 December 1975 for the purpose of 1) reviewing continuing education programs for health care personnel in Latin America and the Caribbean, and 2) studying, in light of the XIX Pan American Sanitary Conference's Resolution XXIII, the best ways to assist in the expansion and improvement of such programs.

In the present health sector context, the Group discussed continuing education programs as tools to a) update and enhance the familiarization of individuals and groups with scientific and technological advances and social needs; b) spread knowledge among the various members of the health care team; and c) foster exchanges and communication between health care personnel.

The Group recognized that, applying this criteria, most continuing education programs in Latin America are a response to the needs of professional groups or to academic concerns, but do not aid in significantly improving health services, nor do they involve a new distribution of the educational process which would modify technical or social relations in the health sector.

Nevertheless, the Group was aware that existing continuing education programs could be useful in the realization of health goals in Latin America and the Caribbean if reoriented towards operational goals, programmed in a way to pinpoint the needs of outlying areas, and centrally coordinated to benefit all members of the health care team.

If they were conceived in this manner, continuing education programs would reinforce health services, stimulate expanded coverage and promote communication between workers in the health field.

The Group determined what the technical, educational and administrative features of future programs should be and gave special attention to mechanisms for identifying needs, to coordination of administrative and teaching activities, to the realization of programs in isolated areas, and to the coordination of functions between the ministries of health and the universities.

The guidelines proposed, the Group indicated, are, above all, possible areas of exploration, since there are no integrated continuing education programs which can be used as prototypes or fountainheads of experience. Considering the magnitude of the task, and the human and financial resources that must be mobilized to undertake it, any mistake in the organization of these programs would be very costly in wasted teaching effort and its demoralizing effect on health personnel. Therefore, the countries and PAHO must work together to come up with the most appropriate administrative and teaching technology for Latin America and the Caribbean and fortify national organizations to ensure progressive program development.

Based on the information gathered and the technical guidelines laid down by the Consultative Group, a medium- and long-range program of action was drawn up covering the planning, design, instrumentation, and initiation of sustained continuing education programs for all health care personnel in the 24 countries of Latin America and the Caribbean.

At the request of the respective government, each national program would be carried out in phases: it would be planned jointly by PAHO and the country in question, and there would be a one-year design and instrumentation phase and a two-year execution phase.

In each country the program would make it possible to a) improve manpower planning and management in the ministries of health; b) consolidate the training centers which would be responsible for the instructional aspects of the program; c) train program managers and technical personnel who would run the programs by means of courses and short fellowships; d) prepare educational materials; e) furnish equipment, transportation and communication facilities for the program; f) coordinate activities in the participating countries; and g) make periodic evaluations of progress.

It is possible that some of the better national programs may be expanded for use as reference and technical support centers for the other national programs. PAHO is exploring the possibility of extrabudgetary funding to put this alternative into effect.

RESOLUTION XXIII

CONTINUING EDUCATION

THE XIX PAN AMERICAN SANITARY CONFERENCE,

Having considered Resolution WHA27.31 of the Twenty-seventh World Health Assembly, which stresses the importance of continuing education in maintaining and upgrading the professional competence of health personnel; and

Bearing in mind that the entire process should be closely related to health and manpower planning and to schemes for the regionalization of services, designed to extend health sector coverage in accordance with the goals of the Ten-Year Health Plan for the Americas,

RESOLVES:

1. To request the Director to take the necessary steps for cooperation with the Governments in their efforts to plan, implement, and improve the machinery for keeping health personnel permanently up to date through:
 - a) The development of educational methods, techniques, and materials for achieving greater efficiency in the continuing education process.
 - b) The further training of personnel to develop continuing education.
 - c) The promotion of national or regional experimental programs in continuing education.
 - d) The creation of regional centers for implementing the recommendations.
2. To recommend that those Governments with experience in continuing education make their experience available to the Pan American Health Organization so that it can be transmitted to all the countries.
3. To recommend to the Governments that they integrate their continuing education programs into the manpower development plans under their National Health Plans and establish machinery for coordination between the Ministries of Health and teaching institutions with a view to programming and implementing these activities.
4. To ask the Director to make periodic evaluations of the program and report his findings to the Governing Bodies.

*Official Records WHO 217 (1974), 14.