

PAN AMERICAN **HEALTH ORGANIZATION**

WORLD **ORGANIZATION**



XV Meeting

XVI Meeting

Mexico, D.F. August-September 1964

Provisional Agenda Item 37

CD15/17 (Eng.) 6 July 1964 ORIGINAL: SPANISH

TRAINING OF AUXILIARY PERSONNEL

During the course of the 50th Meeting of the Executive Committee, the Representative of Mexico emphasized that the Organization should increase its assistance to the countries in the training of the auxiliary personnel. The shortage of auxiliary personnel was a problem which would become more and more acute as the countries of Latin America continued to expand their public health programs at a more rapid pace than that at which professional personnel in various branches of medicine were being trained. He pointed out that the more advanced countries used auxiliary personnel under the supervision of professional health workers to a much greater extent than did developing countries and, as a result, they were able to cope with general health activities.*

In the course of the discussion on the item mentioned above, it was pointed out that, in addition to the training of professional personnel in all categories, the Organization made every effort within the limits of its technical and budgetary possibilities to prepare auxiliary personnel. In 1963, a total of 5,574 auxiliary workers had been trained in projects which were assisted by the Organization. As the duration of training varied from country to country (from 2 weeks to nine months) it was extremely difficult to determine how much time the Organization consultants devoted to training. Furthermore, the number given above should be increased by that of the auxiliary personnel trained by the countries themselves, without direct assistance from the Organization, which was undoubtedly much higher.

It was pointed out that the Organization was preparing a course of programmed instruction for nursing auxiliaries, which would be extremely useful for training in some countries.

The Supplement in the Second Report on the World Health Situation, 1961-1962 (Part II, Education and Training and Health Service Personnel), submitted to the Seventeenth World Health Assembly, contains data on various types of auxiliary workers.

Furthermore, the definition of "auxiliary" varies from country to country. It is essential to establish a uniform terminology in this field. For purpose of guidance, the Annex contains the definitions of public health workers adopted by the WHO Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel in its Ninth Report. In addition to the fields of activity mentioned in the Annex, there are many others in which it is necessary to define the qualifications and functions of auxiliary personnel in relation to professional workers, for example, nutrition, dentistry, statistics, public health laboratory services, mental health, medical care, etc.

As a result of this discussion, the Executive Committee agreed that a study should be made on the training of auxiliary personnel which might serve as the basis for discussion at a meeting of technicians to be held in 1965 or 1966 to examine the problem and formulate certain recommendations to solve it in the shortest possible time. Accordingly, the Committee adopted the following

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Having examined the proposal of the Representative of Mexico concerning the training of auxiliary personnel; and

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To recommend to the Directing Council, at its XV Meeting, at that it adopt the following resolution:

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considering the urgent need to train a sufficient number of auxiliary workers of a caliber to meet the demands of the economic, social, and health situation in each country;

training of auxiliary workers and of the persons who will teach them; and

BERTHROLLER PROGRAMMENT

Considering the advisability of determining the types, number, and duties of auxiliary workers in relation to professional personnel and to health programs,

RESOLVES:

To instruct the Director to prepare a study on the training of auxiliary workers that may serve as the basis for discussion at a meeting of national authorities experienced or interested in the question, with the collaboration of international experts, for the purpose of presenting, for consideration by the Organization, a policy for the training of auxiliary workers based on the needs of the countries of the Americas."

The Director has the honor to submit the foregoing resolution to the Directing Council for appropriate actions.

There is no general agreement on the terminology used in designating public health workers in the various countries. The WHO Expert Committee on the Professional and Technical Education of Medical Auxiliary Workers has dealt with this problem and in its Ninth Report entitled "The Use and Training of Auxiliary Personnel in Medicine, Nursery, Midwifery and Sanitation" (World Health Organization, Technical Reports Series No 212, Geneva, 1961), adopted the following definitions:

"1) A <u>profesional worker</u> is a health worker trained to the generally accepted level for that discipline in a particular country.

But in view of the different standards prevailing in the various countries, the Committee considered that it should be a continuing objective in training steadily to raise both the educational level of entry and the standard of technical training, so comparability with standards in the more advanced countries is attained.

Examples of professional workers are:

- a) Physician or doctor (but including the whole range of names denoting specialties or branches within the medical profession, such as surgeon);
- b) nurse, including all branches of the profession of nursing;
- c) midwife:
- d) public health (sanitary) engineer, health inspector or sanitarian.
- 2) An <u>auxiliary worker</u> is a technical worker in a particular field with less than full professional qualifications. The <u>auxiliary</u> health worker is one who may also be trained to a level of function comparable to that acceptable for professional workers in a particular country or region.*

^{*} An auxiliary worker has been defined as "a paid worker in a particular technical field with less than full professional qualifications in that field who assists and is supervised by a professional worker" (United Nations, Administrative Committee on Coordination (1954)) Report of the ad hoc interagency meeting on the training of auxiliary and community workers, page 10 (unpublished document Coordination/R.170). Quoted in: Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel (1956), Wld. Hlth. Org. Techn. Rep. Ser., 109, 4).

It should be noted that in this report the term "auxiliary" is used to mean a worker who has successfully completed his training; but whilst undergoing training he is referred to an "auxiliary trainee" or "student auxiliary".

Since the range of the auxiliary health workers is too wide for adequate discussion within reasonable levels of time, the decision has been taken to restrict this report to the problems which arise from the utilization and training of auxiliary personnel in medicine, nursing, midwifery, and sanitation. Otherwise expressed, the four categories of the auxiliary public health worker here considered are:*

- a) Those health workers whose duties includes diagnosis of, and the prescribing of standard treatment for, common diseases, and who are therefore auxiliary to the fully qualified physician or doctor. These are referred to herein as medical assistants;
- b) those whose duties are largely, or wholly, concerned with aspects of nursing and who are auxiliary to the fully qualified nurse. These are referred to herein as assistant nurses;
- c) those who are auxiliary to a fully qualified midwife. These are referred to herein as assistant midwives;
- d) those whose duties entail assistance to public health engineers, health inspectors, sanitarians, or medical officers of health.

 These are referred to herein as assistant health inspectors."