SAÚDE PÚBLICA INTERNACIONAL E BIOESTATÍSTICA

WHO Collaborating Center on Health Workforce Policy and Planning

INSTITUTO DE HIGIENE E MEDICINA TROPICAL UNIVERSIDADE NOVA DE LISBOA

Selecting the "right" candidates for health professions education: why is it so difficult?

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3 topics

- **How education institutions select their students? Examples from a range of countries**
- **Barriers/facilitators of a more effective selection**
- **Questions for researchers and policy-makers**

How is selection made? Academic performance/ entry exam

- **Portugal: 50% average during secondary course, 50% results num national exam)**
- **Morocco: (maths, physics, chemistry, natural sciences), nurses, also a test of aptitude)**
- **French speaking countries: survey of 25 schools of midwifery (17 public, 8 private) in Benin, Congo, Ivory Cost, Mali, Mauritania and Senegal: some private schools do not use the entry exam**
- **African Portuguese-speaking countries: exam typically includes biology and chemistry (in some cases also general knowledge and portuguese)**

How is selection made?

- **Selection by failure (France, Italy)**
- **Lottery system (The Netherlands up to 1999, then return to selection and now 2 of the 9 schools of medicine went back to the lottery system)**
- **Capacity to pay (private schools in many countries)**
- **Aptitude tests (Situational Judgment tests in UK medical and dental schools since 2006)**
- **Individual and group interviews (Canada)**

How is selection made?

- **Previous higher level education (increasing number of countries)**
- **References, personal statement**
- **Geographical origin.Morocco-recruitment is regionalized, decentralization of education institutions- Ontario/Canada, Wisconsin/USA**
- **Social origin:**
  - **Angola, Guiné-Bissau and Mozambique a % of places is reserved for veterans and children of civil servants, and in some cases for candidates from rural áreas**
  - **Morocco: 25% of places reserved for militars and foreign students**
- **Ethnic origin**
- **Mix of criteria**

In summary:

- **Selection strategies vary**
- **The predictive validity of selection methods is rarely evaluated (academic performance is a good predictor of good results during studies, but not of clinical performance)**
- **Is selection as practised producing graduates with the desired clinical and other competencies for now and the future?**
- **Can we assume that the education provided by professional schools is enough?**

In summary:

- **Rapidly changing population: aging, diversity, lower assymetry of information (?), higher expectations**
- **Changing epidemiological profile >>> new competencies required:**
  - **Knowledge: social determinants, CPD**
  - **Skills: use of communication technologies, teamwork/coordination, planning**
  - **Attitudes/behaviors: person-centered, cultural sensitivity, compassion, respect, ethical behavior**

Objective?

- **low attrition during studies**
- **retention after graduation**
- **availability in underserved zones**
- **skills-mix corresponding to population needs**
- **acceptability by populations**
- **overall quality**

Barriers to making selection more effective

- **Inherited traditions: priority to academic performance**
- **Objective of meeting recognition requirements of ex-colonial country (mainly in medicine)**
- **Resistance of students and families; interviews or psychological tests perceived as an open door to arbitrariness, even to corruption. Selection is not democratic (France – May 1968; May 2018)**
- **Absence of models (or ignorance of existing ones)**
- **Lack of capacity:**
  - **Costs: financial, time**
  - **Lack of champions: few full-time staff, dual employment**
  - **weak professional councils**

Facilitators to making selection more effective

- **“Right educators” , champions**
- **Stronger, more proactive professional councils**
- **Partnerships providing models (TUFH network, THENET community)**
- **Policies informed by research**
- **More specific international standards: for ex.: admission to nursing and midwifery studies:**
  - **ICM minimal standards (2013): have a written admission policy, explicit criteria, secondary education as a minimum, alignment on national health policies**
  - **WHO (2009): backgrounds in basic science and mathematics, skills in the language of instruction and in dealing with the clients. Students who demonstrate the will to serve in health and the ability to be independent learners.**

Questions for researchers: What do we mean by selecting the “right” candidates for health professions studies?

- Depends on objectives:
  - To attract students to the health sector
  - To attract students to underserved areas (rural, remote, poor)
  - To attract students to priority/ understaffed specialties (geriatrics, mental health, primary care, rehabilitation, ...)
- Depends on occupational group: mds, nurses, midwifery, dentists, physio, lab technicians, CHW
- Depends on type of institutions: Public/private –profit or not-for-profit

Questions for researchers: What do we mean by selecting the “right” candidates for health professions studies?

- **Criteria may vary and combine differently:**
  - **Origin: geographical/rural, poor area, minority ethnic/cultural group**
  - **Values: community orientation, public service ethos,**
  - **Social skills: communication, team spirit, cultural sensitivity, creativity**
  - **Motivation: demonstrated social commitment/leadership, likelyhood to enter the labour market, to stay in the country**
  - **Willingness to pay**

Questions for researchers

- **What predisposes better students to acquire the desirable competencies? How to recognize those predispositions?**
- **What works or does not work and why?**
- **How to reach out to policy-makers and better inform their decisions?**

Questions for policy-makers

- **How to bring education institutions to select their students more effectively?**
- **What to do with the existing workforce to make it more performing? Until the time when selection will become more effective, populations still need a fit-for-purpose health workforce!**

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Obrigado!