
PANORAMA PEOPLE

Interview with Mark Pearson



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Mark Pearson is the Deputy Director of Employment, Labour and Social Affairs at the Organisation for Economic Co-operation and Development (OECD).

What current challenges does the health workforce face?

There are two big stories going on in the health workforce – digitalization and people-centred care.

In the past, new technologies affected low-skilled jobs. But now, routine-skilled jobs – such as those of radiologists and potentially anaesthetists – are also being affected, because they can be automated. The second wave, which will have an even more profound effect on the health workforce, is related to artificial intelligence. Within the next decade, artificial intelligence will be able to read tests, diagnose conditions and prescribe treatment, all based on algorithms. It may very well be that the role of doctors in diagnosis becomes much less important.

The second issue at play in the health labour market has to do with the refocusing of our health systems. The question, then, is how to structure a workforce to match the needs of people-centred care. Different sets of skills are needed, and the health workforce needs to focus more on managing conditions than correcting problems.

Taken together, these two factors indicate the need for more information and communications technology (ICT) and soft social skills competencies to help people navigate health systems and to advise them on managing their own health conditions. The need for these skills applies to the auxiliary health workforce as well. There is also no reason to stay with the current categories of health workers, such as doctors and nurses: the focus should be on competencies rather than on categories.

Where must efforts be focused to achieve the goals set for 2030?

The lack of ICT skills in our health workforce is a serious problem and that should definitely be a priority. There is also a high degree of skills mismatch, particularly for nurses, who are overskilled for the work they actually do

and have unused potential. At a time when our public health budgets are under tremendous pressure, we have a very highly trained workforce whose skills are not being used.

There is also a high degree of underskilling in the health workforce, with people being asked to do things they are not skilled in. This is a sign that the current system of doctors and nurses is not working. We have the same system we had 70 years ago, and it is not adapted to health system reality.

We should think about using the skills people have, and moving towards a competency-based framework for skill development rather than a profession-based approach. Health systems invest a lot in keeping people's skills up to date, but it needs to be more than that – there needs to be a change in how we view those skills. A lot more effort is going to be needed to keep people's skills up to date because technology is changing very rapidly, and that will affect the way that we deliver health services.

What will tomorrow's health workforce look like, if it is to effectively meet Europe's population health priorities by 2030?

The health worker of the future will have different sets of skills and also be more international. Moving towards a competency-based system makes it feasible to have competencies recognized across borders. Health workforce migration puts pressure on health systems as they lose some of their key workers. And yet, this coexists with the issue of health workers who have migrated often not being able to use their skills because they need to requalify in their new local system. This is obviously a tragedy from the point of view of the individual, but it is also a huge waste of resources. Moving towards a competency-based system with international recognition means that we will be able to use our workforce much better. But that will also mean that countries will need to start paying their health workers appropriately.

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