PANORAMA PEOPLE

Interview with Professor Charles Normand

By Chelsea Hedquist

Charles Normand is the Edward Kennedy Professor of Health Policy and Management at Trinity College in Dublin, Ireland. He is also Chair of the Organizing Committee for the WHO Fourth Global Forum on Human Resources for Health, taking place on 13–17 November in Dublin.

How must the health workforce change and adapt by 2030 to meet Europe's health needs and priorities?

Health systems today are still built upon the expectation of care being sudden, episodic and short-term. But we know that the care of the future will need to focus much more on chronic care – treating and managing multiple conditions and diseases, rather than simply curing one.

These future needs will require a much more diverse workforce than what we currently have. Rather than emphasizing the role of specialists, we will need to elevate health workers with broader skills and the ability to manage the complexity that arises from patients with multiple health issues. This will mean reimagining the role of the family doctor – or perhaps going back to what that role originally was. I like to think of these reinvented primary care physicians as "specialized generalists" – experts in managing complex care – supported by a range of "specialized specialists" who consult on specific conditions.

While more doctors need to become specialized generalists, we may need to rethink the nursing role and develop nurses as specialists, primarily of chronic care. We already know, for instance, that nurses perform much better than doctors when it comes to helping patients manage diabetes. We need to follow the trend of professionalizing nursing further and having nurses supported by a range of other skilled care workers. Moreover, we need to professionalize what will be an important group of newly shaped jobs that support nurses and doctors. These people effectively handle a large portion of the face-to-face interaction with patients, so it's critical to move this group towards becoming a trained, licenced and supervised workforce where these people feel they, too, have a professional role.

In short, what we want for the future doesn't look much like what we have now. But it will be a better fit for our needs.

You set out an ambitious vision for what the health workforce should look like in 2030. How can this be achieved over the next 13 years?

There is a lot of talk about the shortage of health professionals. I don't dispute that there is a shortage – but it's a shortage of skills, not necessarily people. We need to stop counting people and start counting skills. Then we need to take fairly immediate action on how we train people to give them the skills we will need in the future. This includes recognizing generalist training as a specialty, in its own right, and recognizing that a generalist is of equal, if not greater, importance to any other type of specialist.

We need to develop training systems that don't start off saying what you will be at the end of your training; for example, opening up the possibility of nurse-to-physician conversion. Ultimately, a lot of health care professional training could become more modular – health workers could become qualified in certain areas little by little, rather than insisting that training occur all at once. At the same time, we need to make it more attractive for people to stay in health professions longer. Extending the careers of health workers can also help us address our shortage of skills.

The future of health care will be complex. Consequently, it will require new ways of thinking about the health workforce, new ways of training people and new ways of managing patients. We will have to be a bit radical in our approach if we want to create an effective and sustainable workforce by 2030.

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