

## PANORAMA PEOPLE

# Interview with Margrieta Langins on the health workforce, interprofessionalism and the role of professional associations

*Edited by the WHO European Centre for Primary Health Care*

*This conversation builds on earlier work by the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, with one of the contributors, Margrieta Langins of the Health Services Management Centre at the University of Birmingham. The work set out to explore the process of developing a competent primary care workforce throughout the cycle of professionals' development. Health practitioners, professional associations, researchers and policy-makers are among the key stakeholders, each having a unique role to play in this process. On the basis of information provided by experts and country reviews, this work has set out to unpack, in particular, the role of professional associations, tackling issues of prestige and quality improvement among other pertinent topics for the accelerated development of the primary care workforce.*

### **Forty years on from the call in the Declaration of Alma-Ata for an interprofessional workforce, have we achieved the original ambitions of team-based primary health care?**

The 40th anniversary of the Declaration of Alma-Ata<sup>1</sup>, marks a celebration and a moment of appreciation of the fact that, in 1978, leaders from around the world recognized the power of primary health care. They agreed that, with good design and delivery, “primary health care ... can effectively meet most health needs people encounter throughout their lives”<sup>2</sup>.

In addition to committing to the principles of “health for all”, the signatories of the Declaration went one step further – they recognized that success would depend on an interprofessional workforce. And so the Declaration reads:

“Primary health care relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.”<sup>1</sup>

<sup>1</sup> Declaration of Alma-Ata. Adopted at the International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 ([www.who.int/publications/almaata\\_declaration\\_en.pdf](http://www.who.int/publications/almaata_declaration_en.pdf), accessed 6 December 2018).

<sup>2</sup> Ghebreyesus TA, Fore H, Birtanov Y, Jakab Z. Primary health care for the 21st century, universal health coverage, and the Sustainable Development Goals. *Lancet*. 2018;392:1371–2. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32556-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32556-X/fulltext), accessed 6 December 2018).

On this note, however, this 40th anniversary is a moment for humble reflection. Have we really accomplished the shift towards team-based primary health care that is needed to respond to individual and community needs?

A quick glance at the “I statements” prepared by the National Voices Campaign<sup>3</sup> in the United Kingdom, reveals that we have not. One statement from this “wish list” of how people wish care would be provided reads: “I can plan my care with people who work together to understand me and my carer(s)”; another reads: “The professionals involved with my care talk to each other. We all work as a team”; yet another reads: “If I still need contact with previous services/professionals, this is made possible”.

What is it about the way that professionals in the health system are trained and employed that makes it so difficult for them to work together? Is this at the root of why individuals and their families still long for more communication, collaboration and coordination between professionals? Part of the answer to this question is rooted in what has until now defined a profession and who the different stakeholders influencing professionals are.

<sup>3</sup> A narrative for person-centred coordinated care. London: National Voices; 2013 (<https://www.nationalvoices.org.uk/publications/our-publications/narrative-person-centred-coordinated-care>, accessed 6 December 2018).

## The making of a profession: what is the role of professional organizations?

In 1964, Wilensky<sup>4</sup> explained that any occupational group seeking professional status “must find a technical basis for it, assert an exclusive jurisdiction, linking both skill and jurisdiction to standards of training, and convince the public that its services are uniquely trustworthy”. Professions have since been identified as requiring key elements of: an area of technical specialized knowledge; a code of ethics; and an exclusive jurisdiction<sup>5</sup>. To support these elements, professions have typically established interrelated and sometimes overlapping organizations, whose functions and key activities typically include taking responsibility for education, unions, licensing and accreditation systems, and knowledge brokering (Table 1).

**TABLE 1. FOUR FUNCTIONS AND KEY ACTIVITIES FOR HEALTH-RELATED PROFESSIONAL ORGANIZATIONS**

Function	Key activities
1. Education and training	<ul style="list-style-type: none"> <li>Ensuring that public health professionals are taught according to national health strategies, laws and professional competencies.</li> </ul>
2. Professional advocacy	<ul style="list-style-type: none"> <li>Protecting the interests of the profession.</li> <li>Ensuring that labour rights of professionals are protected.</li> <li>Advocating for appropriate compensation and wages.</li> <li>Representing the workforce in workplace conflicts and complaints.</li> </ul>
3. Professional licensing and accreditation	<ul style="list-style-type: none"> <li>Protecting the public by ensuring that professionals are providing safe, high-quality and evidence-informed services.</li> <li>Ensuring basic entry standards to the profession and monitoring adherence to these standards.</li> <li>Defining and moderating ethical and professional conduct.</li> <li>Representing the public in complaints against professionals.</li> </ul>
4. Professional knowledge brokering	<ul style="list-style-type: none"> <li>Advancing the science and expertise of the profession.</li> <li>Providing training and managing journals, conferences, networks, and interest groups.</li> </ul>

Source: the author, based on Starr P. *Professionalization and public health: historical legacies, continuing dilemmas*.

<sup>4</sup> Wilensky H. The professionalization of everyone? *Am J Sociol*. 1964;70:137–58.

<sup>5</sup> Starr P. Professionalization and public health: historical legacies, continuing dilemmas. *J Public Health Manag Pract*. 2009;15(6 Suppl):S26–30.

Historically, health-related professionalism has had two faces: positive and negative. Respect for professions has helped protect the integrity of profession-specific research and define the scope of practice in order to establish order and responsibilities. On the other hand, professionalism – its restrictive entry practices and competition for the control of resources – has often made health services more expensive (particularly physician services), less accessible and siloed. This has challenged our journey towards the interprofessional goals of primary health care put forward in the Declaration of Alma-Ata.

## How can professional associations accelerate team-based primary health care?

Do we need to dismantle professional organizations, which often seem to be only interested in protecting their interests and siloed approaches to care? Can professionals live up to the challenge of team-based primary health care? There is no question that professional organizations have the potential to bring incredible support to professionals carrying out person-centred primary health care. But it will be vital to identify more clearly what sorts of decisions can benefit from the input of the different types of stakeholders (including professional organizations, but also patient and community organizations). The WHO European Framework for Action on Integrated Health Services Delivery<sup>6</sup> has outlined the decisions that are important to creating competent professionals in people-centred, integrated care; in this context, teamwork has been identified as one of five relevant competencies<sup>7</sup>. It is also helpful to understand that these decisions are taken at four different levels<sup>8</sup>, according to the context, all necessitating a different arrangement of stakeholders.

If professional organizations are to retain their relevance in health systems strengthening and become productive factors in achieving the goals of team-based primary health care as set out in 1978, they are going to have to be ready to contribute across levels. Governments will increasingly need to ensure that professional organizations are assuming and fulfilling all

<sup>6</sup> European Framework for Action on Integrated Health Services Delivery: an overview. Copenhagen: WHO Regional Office for Europe; 2016 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/317377/FFA-IHS-service-delivery-overview.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0010/317377/FFA-IHS-service-delivery-overview.pdf?ua=1), accessed 6 December 2018).

<sup>7</sup> Langins M, Borgermans L. Strengthening a competent health workforce for the provision of coordinated/integrated health services. Copenhagen: WHO Regional Office for Europe; 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/288253/HWF-Competencies-Paper-160915-final.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0010/288253/HWF-Competencies-Paper-160915-final.pdf?ua=1), accessed 6 December 2018).

<sup>8</sup> Kuhlmann E, Batenburg R, Wismar M, Dussault G, Maier CB, Glinos IA et al. A call for action to establish a research agenda for building a future health workforce in Europe. *Health Res Policy Syst*. 2018;16:52.

four functions outlined in Table 1, ensuring that the knowledge brokering function is not neglected in favour of professional advocacy, as is too often the case. At least two examples from the WHO European Region have demonstrated how this shift towards engaging professional organizations in knowledge brokering can be achieved.

***Multi-professional primary care learning networks in Sweden.***

A multi-professional primary care network launched by the municipality of Stockholm provides “dialogue seminars” twice a year for all primary care centres. Patients are involved in the selection of topics that they see as being needed, and the time required for professionals to take these courses is protected. A range of professionals then sit together for short, continuous learning opportunities on topics chosen by professionals and users as being important to reinforce, such as how to provide advice to patients about lifestyles. A major benefit of this model is that it involves bottom-up and enhanced change through practising and experiencing interprofessional learning and problem-solving.

***Interprofessional primary care association in Spain.*** Efforts to establish or strengthen primary care are accompanied by a strong “culture” of primary care in Spain. The corporate identity of primary care providers has been captured in the phrase “*Todos juntos a Atención Primaria: MEdeDICO A las Personas*” [All together for Primary Care: Practitioners for People]. An association representing a range of professionals serves to support continuous professional training and residencies for future primary care providers in interprofessional service delivery.

**Optimally engaging professional associations: how can countries work to best engage these organizations?**

Back in 1978, at the International Conference on Primary Health Care, much was said about team-based PHC without explicit guidance on how to align the goals of workforce

policies (e.g. training, regulation and workforce planning) with the goals of team-based PHC. This call has been renewed in the context of the people-centred, integrated care agenda, but this time with a focus on four important functions of professional stakeholders and four levels of decision-making. Professional organizations are needed more than ever.

If the global community is to embrace the 40th anniversary of the Alma-Ata Declaration as a moment to move forward with team-based primary health care, Member States will need to consider two things when engaging professional organizations: first, they will need to ensure that all four functions of professional organizations are maintained and that none – especially the knowledge brokering function – is neglected; secondly, they will need to oversee and ensure that the knowledge brokering function is: (i) focused on defining health in terms of the social and economic needs of patients; (ii) a platform for improving interprofessional collaboration in initial education and practice; and (iii) pursued wherever possible in collaboration with organizations of other professions within and beyond the health sector so as to co-produce and disseminate a body of knowledge that reflects an interprofessional approach to PHC.

The build-up to the 40th anniversary may have been a harsh reminder of what this monumental Declaration has not yet managed to achieve, but it does offer, or it can be framed as, the moment we chose to do things differently.

**Disclaimer:** The interviewee alone is responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of World Health Organization. ■