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Thunder Bay Communiqué
New Ways of Thinking

From

Rendez-Vous 2012

Northern Ontario School of Medicine

Canada

Thunder Bay Communiqué

New Ways of Thinking

We, as members of communities from all over the world, health professional students, health professionals and trainers of health professionals have met in Thunder Bay during the **Rendez-Vous 2012 conference** to discuss **community participation in health professional education, research and service**. We recognise the particular disadvantage of Indigenous peoples, those living in rural areas and those in poor and underserved areas. Addressing past disadvantage requires attention to equity – the right of every community, no matter where they are, to fair access to health care and equal health outcomes – which will mean directing specific focus and resources to rural, remote and other underserved communities.

We recognise that an important factor in health inequity is the **lack of access to skilled health practitioners**. This needs to be addressed with sensitivity to the historical disadvantage and the cultural context of the community and can only be effectively righted by increased access to health practitioners with knowledge skills and attitudes responsive to community needs and operating in a socially accountable and equitable health system. Such services should provide coordinated, effective and joined up care by generalist practitioners including primary health care nurses, midwives, allied health professionals and family physicians, that are integrated with specialist service providers. These teams provide opportunities to include students in longitudinal integrated clinical learning experiences.

We recognise that the existing workforce shortages, burden of infectious disease, the increasing burden of chronic disease and disability, and the burden of the global financial crisis fall most heavily on these already disadvantaged communities.

We support the World Health Assembly's Resolution WHA62.12 (2009) which urged member states:

- *To train and retain **adequate numbers of health workers**, with appropriate skill-mix, including primary health care nurses, midwives, allied health professionals and family physicians, able to work in a multidisciplinary context, in cooperation with non-professional community health workers in order to respond effectively to people's health needs.*
- *To encourage that vertical programs, including disease-specific programs, are developed, integrated and implemented in the context of **integrated primary health care**.*

To address this imbalance and ensure health equity we assert that:

Institutions for health professional education, including medical schools, should be **socially accountable**. Underserved communities must be supported to grow in their ability to identify and voice their health needs and work to guide institutions educating health practitioners in providing targeted training to address those needs.

Communities must be part of generating solutions to their own health care needs and enabled to be actively involved in implementing these solutions. “Nothing about me, without me” should be the guiding philosophy of community involvement for all institutions, research centres managers, and service providers.

Accreditation of health professional education institutions should include measurement of:

- The responsiveness of these institutions to the needs of their communities.
- The training of generalist practitioners who can work in both primary and secondary care.
- The patient and community centredness of their graduates.
- The safety and wellbeing of students.

We would encourage institutions to self evaluate their response to community need by using THEnet evaluation framework (see www.thenetcommunity.org).

The education of professionals should be scaled up to provide the needed numbers of practitioners who are likely to work in underserved communities by:

- Assisting students in these communities to obtain sufficient basic primary and secondary education to be able to enter health professional training.
- Recruiting students from these communities.
- Training students in generalist practice.
- Training students in Primary Health Care.
- Training students in team based contexts with interprofessional learning.
- Providing innovative training initiatives that create community links such as longitudinal integrated exposure in communities of need.

The Melbourne Manifesto and subsequent WHO **Global Code of Practice on the International Recruitment** of Health Personnel should be implemented and reported on by governments. There should be processes whereby reparative measures are used to recompense the countries that lose practitioners to more developed nations.

Health systems should be strengthened through universal coverage leading to improved access. The gap between what professionals can do and are doing should be addressed by:

- Removing of barriers to practice.
- Implementing relevant technologies to assist and integrate care.
- Providing facilities that match the needs of the community and the skills of the practitioners especially birthing and palliative care services.
- Enabling primary care doctors to address and coordinate care for chronic disease.
- Ensuring that ethical behaviour is taught, supported and regulated.

The **effectiveness** of systems such as capitation, fee for service and pay for performance should be rigorously assessed as the basis for an evidence based approach to health care financing.

Health services should be delivered wherever possible by **locally based health-care teams** that include generalist practitioners who are empowered to deliver and coordinate comprehensive care and to integrate the implementation of disease base programmes where they exist. Visiting and local specialist services should be integrated with these teams as they form an important resource that must not be wasted.

The improvement of the health of communities requires **the empowerment and involvement of women** and improving their safety and social, educational and economic standing.

Those of us in universities and academic institutions resolve to:

- Have communities guide us in the implementation of health professional education that addresses their needs.
- Strengthen communities to address their own health needs through participative research and evaluation.
- Develop programs and new methods of education that maximise the immersion of students in communities throughout their training.
- Ensure that students are properly prepared and supported and their progress evaluated during the implementation of new educational models and programs.
- Teach an understanding of human rights, equity, including gender equity in communities.
- Work together internationally to share education resources and research tools openly.
- Provide generalist training.
- Facilitate interprofessional learning for interprofessional practice.
- Provide transformational educational opportunities that maximise the length and strength of relationships with patients, supervisors and communities and create authentic workplace learning and identity formation.

The Way Forward

The organisations commit to the implementation of these undertakings, each within their purview.

We call on governments globally to foster and support these initiatives.

We commend to governments and training institutions the **WHO Global Recommendations on Increasing Access to Health Workers in Remote and Rural Areas through Improved Retention**. At the same time we wish to note our concern regarding the diminishing focus on human resources for health in WHO, as evidenced by the reduced budget and small numbers of people now available for this area in WHO, in contrast to the number of people in the more vertical programs.

We support **the resolutions of the World Health Assembly regarding the need to scale up and transform health professional education (WHA EB128.R9 and EB 128.R11, 2011)** and the Lancet Global Commission on Education of Health Professionals for the 21st Century recommendation for transformative learning and interdependent health systems. The process of implementing guidelines for transforming and scaling up health professions education is critical, and, as organisations represented in this conference, we express our willingness and commitment to be involved in assisting the implementation of such guidelines. These guidelines should provide an opportunity to steer the direction of health professional training globally that should not be lost.

Sunday, 14 October 2012

- **The Network : Towards Unity for Health (TUFH):**
www.the-networktufh.org
- **The Rural Working Party of the World Organisation of Family Doctors (Wonca):**
www.globalfamilydoctor.com
- **Training for Health Equity Network (THEnet):**
www.thenetcommunity.org
- **Consortium for Longitudinal Integrated Curricula (CLIC):**
www.clicmeded.com
- **Flinders University School of Medicine:**
www.flinders.edu/medicine
- **Northern Ontario School of Medicine:**
www.nosm.ca

