



International League of Dermatological Societies

Skin Health for the World

THE INTERNATIONAL LEAGUE OF DERMATOLOGICAL SOCIETIES' RESPONSE TO THE WORLD HEALTH ORGANIZATION'S CONSULTATION ON THE GLOBAL COMPETENCY FRAMEWORK FOR UNIVERSAL HEALTH COVERAGE: ADDRESSING POPULATION HEALTH NEEDS THROUGH COMPETENCY-BASED EDUCATION

ABOUT ILDS

Officially founded in 1935, the International League of Dermatological Societies (ILDS) has been promoting skin health around the world for over 80 years. Today, the ILDS represents dermatology at the highest level with over 190 Member Societies from more than 90 countries, we represent over 200,000 dermatologists. ILDS works closely with partners around the world in order to improve skin health for all people around the world. The International Foundation for Dermatology (IFD) is the programme of work through which the ILDS carries out its global health dermatology activities, specifically in low resource areas.

GENERAL COMMENTS

The International League of Dermatological Societies (ILDS) strongly supports the World Health Organization's (WHO) work to support the development of educational curricula for health workers and is pleased to provide feedback on this WHO Consultation on the Global Competency Framework for Universal Health Coverage. As noted in the Foreword of the Global Competency Framework, *'Universal Health Coverage (UHC) can only be achieved through strong health systems and health workers who are educated and empowered to provide quality health care that is effective, equitable, efficient, integrated, people-centred, safe and timely.'*

The feedback in this consultation response brings together comments made by members of the ILDS-WHO Liaison Committee, the International Foundation for Dermatology Committee, and includes input from a dermatologist and a nursing perspective. Achieving people-centred care is only possible when patient views are considered in every stage and at every level of policy and practice including the development and delivery of training curricula, and so patient engagement in this work is also recommended.

This document details the essential basis of competency-based learning which is standard of practice in most medical and nursing schools and which the International League of Dermatological Societies (ILDS) fully supports. A competency-based approach is a valid and appropriate approach both for the provision of healthcare and in the design of curricula.

SPECIFIC COMMENTS

1. Competency-based education

The ILDS supports the competency-based approach as valid and appropriate but there were also comments regarding this approach, its limitations and the benefits of linking with other approaches:

- As is recognised in the framework, competency is measured at a specific point in time, and this means that it can decrease or increase after the specific point in time in which it was measured.
- By definition, competency-based education is based around the performance of prescribed activities which can be fairly general (e.g. prescribing medicines). However, evidence suggests that generic approaches can break down when applied to unfamiliar problems. For example, a student trained to prescribe medication using an antihypertensive in the training may correctly apply the principles they have been taught in the practice of prescribing a different class of medicine but still do something inappropriate or even unsafe. Each context has its own idiosyncrasies in which extrapolation of knowledge from elsewhere breaks down. Something similar can sometimes be seen in problem-based education, where students have tended to demonstrate islands of knowledge centred on the actual problems they worked through, separated by large tracts of insecure knowledge covering all the other aspects to which, it was hoped, students would successfully transfer their knowledge. Care will need to be taken with translation into practice because practices taught and learned in one particular context may not be able to be successfully translated into practice in a related but non-identical context. This will need to be explicitly addressed when actual curricular planning takes place.
- Linking the competency-based approach with case-based education is important, ensuring an integrated, holistic approach which considers what is needed in practice as well as in terms of competencies.

2. Implementation

Detailing how and supporting member states to take this from a generic framework to a functioning deliverable curriculum leading to upskilling healthcare workers and achieving UHC is critical. In order to increase the framework's accessibility, it would be helpful to outline an example of how this might work, for example, around a particular area (subject wise) and in a particular (geographical) region.

Piloting the framework will be important and ILDS is well placed to support piloting in certain settings such as testing it for basic dermatological competencies (which have been identified as so crucial in the WHO Neglected Tropical Diseases (NTDs) road map and gap analysis).

One ILDS reviewer commented that from the point of view of a medical school, it can be difficult to design appropriate curricula. Who is taught to perform which practice activities is entirely dependent on how the health service decides to utilise its workforce. In the South African (SA) experience, there is minimal interaction between the two sectors in jointly shaping how health is delivered, and in then matching curricula to this. This constitutes a major obstacle to successful implementation of the approach. Overcoming this is critical, but success is not assured given the deep cultural history underlying the separation of

responsibilities of medical school and health services in some countries (including SA, UK, USA etc). At times, a deep divide in philosophy can be seen which separates those who drive curricula (principally senior practising clinicians irrespective of any decision taken at management level) and those in charge of the health service.

3. Resource limited settings

The framework has important implications for learning in resource limited settings such as the new initiative, led by WHO, to expand teaching of all healthcare grades to meet an important health 2030 milestone - reducing the global burden of Neglected Tropical Diseases of the Skin or Skin NTDs such as leprosy and Buruli ulcer.

A particular focus of this work is the training of front-line non-specialist health workers to recognise and treat or refer those suspected of having an NTD at the earliest stages. Of particular concern is delivery against Competency 21: “Works within the limits of competence and scope of practice”. This programme which is designed to deliver much needed public health interventions, will, of necessity, stretch and challenge the boundaries of competence. In order to meet this challenge, the training initiative will require innovative and effective methods for delivery and assessment of training courses and, furthermore, the provision of support and advice to trainees working in remote settings in order for them to be able to meet the objectives of the programme.

The report is particularly relevant to the learning environment of healthcare workers in larger centres such as hospitals and regional clinics, for example doctors and nurses. Thought needs to be given as to how this is best delivered in remote and rural healthcare environments.

4. Terminology

As noted above, generally the report is very clear, and simplifies and explains the necessary terminology. One comment is regarding the use of the word, ‘transition’, in Practice Activity 20: “Coordinating transition to another care environment”. Usually transition involves transfer of an individual patient to another care team or health system. This is an important time because errors often occur in this phase of care. Transfer is another word that is sometimes used but the authors are perhaps trying to capture any change that might compromise care. Therefore, it would be helpful to define what is meant by ‘transition’ as it is used in this framework by adding it to the list of definitions.