

**CONSENSUS STATEMENT:
DECENTRALISED TRAINING IN THE HEALTH PROFESSIONS**

We, as health professionals and educationalists from a range of disciplines and higher education institutions coming together under the auspices of the South African Association of Health Educationalists (SAAHE) annual conference, have deliberated on the critical issue of appropriate training of South African health care professionals. We affirm that a fresh approach is required to meet the health needs of our population and the demands on the health service as the country moves towards Universal Health Coverage through implementing National Health Insurance. We also acknowledge the opportunity for change presented by the return of the Nelson Mandela Fidel Castro Medical Collaboration programme students.

In order to train a fit-for-purpose health workforce that is able to respond to the demands for equity of access to health care for all sectors of the population, regardless of demographics or geography, transformation of health professions education is required. Decentralised training of health professionals, namely training of students outside central academic hospitals, should play a critical role in this process, by embedding education of students in the experience of social determinants of health, in understanding the continuum of comprehensive care and the role of context in health and illness, and in addressing the maldistribution of human resources for health and calls for decolonisation of training environments.

South Africa has a proud history of siting academic endeavours in the community across a range of training programmes such as the community oriented primary care exemplified in the Pholela Health Centre, rural nursing schools, community-based education in medicine and rehabilitation sciences, the development of the clinical associate training programme, and several other examples. Underpinning these initiatives is the need for a framework that can provide a blueprint for decentralised health professions training in South Africa going forward for different health professions and diverse contexts.

To respond to this imperative, we have collaborated as key role players in the field of decentralised health professions training. In October 2015, a consultative workshop was held in Cape Town with an invited group of experts in decentralised medical training, including educators from all medical schools in South Africa. Critical factors in and possible models for successful decentralised training were developed at that workshop. In June 2016, a second open workshop was held with educators from a range of health professions disciplines, as a pre-conference workshop before the SAAHE conference in Port Elizabeth. The aim was to provide an opportunity for all health professionals with an interest in decentralised training to contribute to the work.

Both workshop discussions were informed by the experiences of educators from around the country and a scoping review of the literature that was conducted to look at decentralised training in undergraduate medical education. There is a clear understanding that such an approach to training is rooted in history, grounded in evidence, facilitates outcomes-based approaches to learning, and can be regarded as a gold standard for training in the South African context.

A consensus emerged through these discussions. This was supported in a third open workshop preceding the 2017 SAAHE conference. The following areas of agreement have been reached.

Firstly, there is common cause around the need for decentralised health professional education, which is informed by:

- workforce imperatives (graduates of such training programmes are more likely to practice in rural and underserved areas);
- educational imperatives (graduates are ready to respond to contextual health care needs, understand comprehensive and holistic care, have extended skills and greater knowledge of social determinants of health, demonstrate professional practices that influence patient outcomes, etc.); and

- health service imperatives (students during and after training make a contribution to health service delivery and quality of care).

Secondly, there is an understanding of the need for development of a national consensus approach. This would ensure that decentralised health professions education:

- is afforded the necessary strategic priority in planning, and
- has resources allocated to enable its implementation.

Thirdly, there is agreement on the next steps to develop and inform a national shared vision to take decentralised training forward.

- The common vision needs to be articulated and shared with relevant stakeholders including the National Health Council and the Department of Health at all levels (including provinces and districts), the Department of Higher Education, academic institutions, national professional councils and bodies, and student groupings.
- Engage with students towards co-creation of such training.
- A national core curriculum with common objectives for outcomes of decentralised training should be developed.
- There needs to be engagement between the national Departments of Health and Higher Education towards an explicitly stated common commitment to decentralised training that is supported by both departments, with high level leadership to ensure implementation.

Fourthly, a framework for implementing decentralised training is being developed to provide practical guidance for health professions education partnerships wishing to implement decentralised training. This is based on the overarching principles of a shared vision, social accountability, responsive adaptability in implementation, integration and continuity. Relationships are seen as central to implementation. Four areas that have to be addressed within this are:

- the processes of leadership and governance (by government and university at different levels),
- the involvement of communities,
- developing every service unit as a learning environment, and
- a relevant curriculum (based on a common national core curriculum).

South Africa is at a crossroads. This requires courageous decisions to change the way that health professionals are educated. Incorporation of decentralised training of health professionals into the existing models will require a paradigm shift in the prevailing approach. This can offer the opportunity for significant and transformative responses to the health care needs of South Africa. With national consensus and a shared vision for decentralised training, the framework can offer useful tools to enable the delivery of decentralised training at all health facilities, and other suitable sites, across the country.

We the undersigned individuals and organisations indicate our full support for and commitment to this consensus. We are ready to work with the envisaged national advisory committee on training and development in preparation for National Health Insurance, and other stakeholders. We call upon our universities, students, government and professional bodies to participate and take leadership in the process of extending decentralised health professions education in South Africa based on this consensus as a way to transform the nature of the graduates we produce and thus the health care service we deliver to our nation.



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