



**Proposal for Virtual Dialogue and Forum on Medical Residencies
Observatory of Human Resources
(www.observatoriorh.org)**

Agenda of virtual session through the “Blackboard”

Date: June 7, 2013

Background

The Human Resources for Health Project, Area of Health Systems based on Primary Health Care, is developing different lines of action to respond to Resolution CSP27.R7, which was approved by the 27th Pan American Sanitary Conference (2007).

The problems related to training and employing medical specialists differ in magnitude and complexity, as noted in recent studies¹ and national debates^{2, 3, 4} and these issues must be considered when developing a policy for Medical Residencies.

The Medical Residencies study published by the Human Resources Project in 2011 illustrates these problems and proposes some recommendations and lines of work to support countries, such as 1) orient medical residency policies to contribute towards the development of Primary Health Care, 2) establish planning systems for medical

¹ Pan American Health Organization. *Medical Residencies in Latin America*. Series The renewal of primary health care in the Americas No. 5. Washington DC, 2011

² Primary Care Access: 30 million new patients and 11 months to go: who will provide their primary care?. A report from Subcommittee on Primary Health and Aging. U.S. Senate Committee on Health, Education, Labor and pensions. January 29, 2013

³ Forum of Primary Care Doctors in Spain. News from SEMFYC. December 2012.

⁴ International Health Workforce Collaborative. 14va Conference. May, 2013

residencies, 3) invest in the development of Family Medicine programs, 4) strengthen the coordination between health and education sectors to better manage medical residencies, 5) engage universities in developing the training, 6) design residency programs to develop competencies; and 7) promote the accreditation processes for ‘specialists’ training programs.

In this first dialogue-forum, we will highlight **policy and planning** issues of medical residencies, specifically those related to the scarcity of certain specialties, the absence of specialists in rural and marginalized urban areas, the weakness of planning and policy mechanisms that promote training and ‘dignified’ employment for those scarce specialty areas, the migration of doctors, and the financing of medical residencies.

Achieving a balance between generalists and specialists is key to guaranteeing access and quality of health care services. Basically, this depends on training a sufficient number of healthcare workers to attend to the needs of the population and ensuring that conditions for professional practice are attractive enough to avoid professionals abandoning the profession or migrating, or in the case of migration, that they return⁵.

Purpose of the dialogue-forum:

- Contribute to the reform of planning and regulatory processes related to medical residencies so as to respond to the needs related to universal coverage and Primary Health Care.

Objectives:

1. Present progress achieved during the last two years related to the planning and regulation of medical residency slots and the development of new policies on the training and employment of specialists.
2. Identify special programs for the training and employment of specialists to cover care in rural and marginalized urban zones.
3. Discuss incentive measures and/or policies that have been adopted to strengthen the training and employment of specialists linked to primary care.
4. Present the debates and agreements attained with specialist associations and medical professional colleges that demonstrate progress on the most relevant problems related to the training and employment of specialists.

⁵ In May 2012, the World Health Assembly adopted “A WHO code of practice on the international recruitment of health personnel” the objective of which is to “establish and promote voluntary principles, norms and practices in relation to the ethical international recruitment of health personnel so as to attain an equilibrium between the rights, obligations and expectations of the originating countries and the health personnel that emigrate. This Code, the first of its kind, is voluntary and is currently in the process of ratification by countries.

Agenda of the interactive session:

10:00 am Welcome remarks: Dr. Charles Godue

10:10 am Introduction to the topic and meeting dynamics: Dr. Rosa María Borrell

10:15 am Presentation by Argentina: Dr. Isabel Duré

10:35 am Presentation by the United States: Dr. Mary K. Wakefield

10:55 am Presentation by Canada: Mr. Steve Slade

11:15 am Presentation by Chile: Mr. Claudio Román

11:35 am Presentation by Quebec Province: Dr. Jacques Girard

12:00 pm Questions and discussion: Dr. Rosa María Borrell

12:30 pm Closing