Who are our students and where do they go?

Tracking graduates of socially accountable health professions education (SAHPE)

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Outline

• Highlight the connection between socially accountable HP education and health equity

• Introduce the Training for Health Equity Network \textbf{framework} for community-engaged education and graduate tracking

• Illustrate two institution-level tracking approaches for measuring the effects of SAHPE on health equity
Socially accountable HPE and health equity

- Definition of SA?

- Who is calling for socially accountable agenda and why?

- How does socially accountable health workforce advance health equity?
Can we measure and track this progressive agenda?

SA in the Global strategy on HRH

1. Strategy for accelerating the agenda (2)

2. Mechanisms for holding governments and institutions accountable for performance towards health equity goals (1)

3. Transformative education approach (3)
International community of practice measures the effects of SA education on health equity
How does our School Work?

What do we believe in?
Who do we serve?
What are the needs of these populations?
What are the current and future needs of the health system?
How do we work with others?
How do we make decisions?

What do we do?
How do we manage our resources?
What, where and how do we teach?
Who do we teach?
Who does the teaching?
How do our research activities address health and health system needs?
What contribution do we make to the delivery of health services?

What difference do we make?
Where are our graduates?
What are they doing?
What difference have we made to our reference populations?
What difference have we made to our health system?
How has our research affected policies?
How have we shared our ideas and influenced others?
What impact have we had on other schools?

Larkins, 2013; Ross, 2014)
Tracking the effects of SAHPE on health equity: who are our students and where do they go?

**Graduate Outcome Survey**

**Practice intentions**

- Background
- Ethnicity
- Rurality of location

**8 SAHPE schools and 6 countries**

- James Cook University, Australia*
- Flinders University, Australia
- Ghent University, Belgium
- Gezira University, Sudan
- Walter Sisulu University, South Africa
- Ateneo de Zamboanga University, Philippines
- University of the Philippines, Philippines
- North Ontario School of Medicine, Canada

(*Larkins et al, 2015; Larkins et al, International Conference on Community Engaged Medical Education, 2016, Ontario, Canada)
Who are the students and where do they go?

3.8 x more likely to come from lower income quintiles

2.5 x more likely to come from rural backgrounds

Significant association between rural origin and intention to work with rural and remote populations upon entry and exit

Two-fold increase between entry and exit for intention to practice in family medicine

Who do we teach?
Where are our graduates?

Who does our School Work?
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Larkins, 2013; Ross, 2014
Tracking the effects of SAHPE on health equity: what difference do we make?

Philippines Impact Study
(Halili et al 2017)

1. Tracer study of graduates from a SAHPE medical program and a traditional medical program:

- Intend to practice in family medicine (surgery)
- Work in government tertiary and rural centres (specialist & private)
- Work in paediatrics (family medicine)
- Positive attitudes to community service and health equity

What are our graduates doing?

What difference have we made to our health system?
2. Survey of child & maternal health outcomes for recent mothers in rural Philippines communities receiving services from graduates and students from SAHPE and a traditional program

“What difference have we made to the reference population?
What difference have we made to our health system?

“...significantly improving child and maternal health services across many of the core elements of prenatal and postnatal care, when compared with graduates and students of non-SAHPE.”

(Woolley et al 2017 in press)
Conclusion

• SAHPE improves health equity in local communities

• Systematic tracking of graduates across the HWF

• Build the case for accelerated investments in health workforce education that closes access gaps
References


