The Forty-eighth World Health Assembly,

Considering the need to achieve relevance, quality, cost-effectiveness and equity in health care throughout the world;

Mindful of the importance of an adequate number and mix of health care providers to achieve optimal health care delivery, of the reorientation of the education and practice of all health care providers for health for all, and of the need to begin systematic consideration of each;

Recognizing that it is important to place medical education in the context of multidisciplinary education and to provide primary health care in a multidisciplinary way;

Recognizing the important influence of medical practitioners on health care expenditure and in decisions to change the manner of health care delivery;

Aware that medical practitioners can play a pivotal role in improving the relevance, quality and cost-effectiveness of health care delivery and in attaining health for all;

Concerned that current medical practices should be adapted in order to respond better to health care needs of both individuals and communities, using existing resources;

Acknowledging the need for medical schools to improve their contribution to changes in the manner of health care delivery through more appropriate education, research and service delivery, including preventive and promotional activities, in order to respond better to people's needs and improve health status;

Recognizing that reforms in medical practice and medical education must be coordinated, relevant and acceptable;

Recognizing the important contribution that women make to the medical workforce;

Considering WHO's privileged position in facilitating working relations between health authorities, professional associations and medical schools throughout the world,

1. URGES Member States:

   (1) to review, within the context of their needs for human resources for health, the special contribution of medical practitioners and medical schools in attaining health for all;

   (2) to collaborate with all bodies concerned, including professional associations, in defining the desired profile of the future medical practitioner and, where appropriate, the respective and complementary roles of generalists and specialists and their relations with other primary health care providers, in order to respond better to people's needs and improve health status;

   (3) to promote and support health systems research to define optimal numbers, mix, deployment, infrastructure and working conditions in order to improve the medical practitioner's relevance and cost-effectiveness in health care delivery;

   (4) to support efforts to improve the relevance of medical educational programmes and the contribution of medical schools to the implementation of changes in health care delivery, and to reform basic education to take account of the contribution made by general
practitioners to primary health care-oriented services;

2. REQUESTS the Director-General:

(1) to promote coordinated efforts by health authorities, professional associations and medical schools to study and implement new patterns of practice and working conditions that would better enable general practitioners to identify, and to respond to, the health needs of the people they serve in order to enhance the quality, relevance, cost-effectiveness and equity of health care;

(2) to support the development of guidelines and models that enable medical schools and other educational institutions to enhance their capacity for initial and continuing training of the medical workforce and to reorient their research, clinical and community health activities in order to make an optimal contribution to changes in the manner of health care delivery;

(3) to respond to requests from Member States for technical cooperation in the implementation of reforms in medical education and medical practice by involving networks of WHO collaborating centres and nongovernmental organizations and by using available resources within WHO;

(4) to encourage and facilitate coordination of worldwide efforts to reform medical education and medical practice in line with the principles of health for all, by cosponsoring consultative meetings and regional initiatives to put forward appropriate policies, strategies and guidelines for undergraduates and postgraduates, by collecting and disseminating relevant information and monitoring progress in the reform process;

(5) to pay particular attention to the needs of many countries that do not have facilities to train their own medical practitioners;

(6) to present to the Executive Board at its ninety-seventh session a report on the reorientation of education and practice of nurses and midwives, and at its ninety-ninth session a similar report relating to other health care providers for health for all, complementary to the reorientation of medical education and practice in this resolution, and to request the Executive Board to present its recommendations on the reorientations of nurses and midwives and other health care providers to the Forty-ninth and Fiftieth World Health Assemblies, respectively.

_Hbk Res., Vol. III (3rd ed.), 1.8_

_(Twelfth plenary meeting, 12 May 1995 - Committee A, second report)_