Promoting inter-professional cohesion in the health sector

I have been inspired to write this opinion piece following recent social media conversations on the topic of inter-professional cohesion in the health sector. The health workforce is made up of different health professions who work in interdependent teams in which each profession has defined roles which reciprocally augment each other in delivering health services to individuals and communities. The four dimensions of health workforce performance – namely, availability, competence, responsiveness and productivity – are all enhanced when there is teamwork and harmony within and between the health professions in health service planning and delivery.

Yet, we are aware that there is what was described by the Lancet Commission on Health Professionals for a New Century as 'tribalism of the professions – i.e. the tendency of the various professions to act in isolation from or even competition with each other'. We also know of harmful intra-professional conflicts. Our priority must be to focus our efforts in detribalising the health professions and promoting intra and trans-professional harmony in order to serve the people and not the professions or individuals. How can this be achieved?

First, let us appreciate the context: The World Health Organization has articulated six building blocks of the health system. These are service delivery, information, health workforce, financing, medical products and leadership and governance. Two of these – the health workforce and leadership and governance – are critical as together they operationalise all other health system building blocks. Of the two, it is the health workforce that ranks highest because the leadership and governance function is in turn mediated and driven by people who constitute the workforce.

ILO classifications recognise many health professions and with several layers within each profession. Traditional health professions however include medicine and dentistry, nursing and midwifery, pharmacy and pharmacology, physical therapy, allied health, and so forth. They operate in diverse settings, public and private. These professions work together in mutually supportive teams for the common good of society.

Building effective health workforce teams depends on the quality of leadership and management exhibited by health workers in leadership roles at all levels. Clear job descriptions, a clear institutional vision and values, recognition and appreciation of individuals, listening and feedback mechanisms, and transparent reward and sanction procedures are all needed.

Another important determinant is organisational structures for coordinating health workforce management, performance, learning and financing. In November 2018, I was a guest speaker at the annual conference of Uganda Society for Advancement of Radiology and Imaging (USOFARI), where I found a united team of radiologists, radiotherapists, sonographers, radiographers discussing how to serve the people of Uganda with the best possible radiology and imaging services. I advised them to promote cohesion in three ways: (1) one self-regulated profession of radiology and imaging with sub-groups of cadres based on skill need; (2) one education and training policy and curriculum for each cadre, complementary and responsive to population need under one professional college; and (3) one national health workforce plan and information system for the profession based at the professional college.

I recommended three core roles of their professional association, namely (1) social accountability to the populations, ensuring population access to quality services; (2) ensuring quality, responsive and accountable education and training; and (3) ensuring high standards of ethical practice, fellowship and mutual support to each other, holding each other accountable to the profession and the people. This model proposes an approach for promoting cohesion and harmony between professionals in services specialties.

Another source of inter-professional tensions is competition for leadership roles between the professions. Who leads who, how and why? Leadership is generally earned. Leadership calls for the ability to 'vision' the future and oversee and supervise tasks within the profession and for tasks spanning across professions. Individuals within professions and across professions need to prepare for leadership through education, training and experience. Opportunities for leadership across professions are continuously evolving. In Uganda, for example, the minimum requirement for District Health Officers today is possession of a Masters degree in Public Health, not a medical degree as in the past, and this is open to all health professionals.

In conclusion, we must all work for cohesion among health professionals as it is critical to the achievement of health goals and Universal Health Coverage. Health professionals should organise themselves around service categories, while countries with leadership from professionals should mobilise political will and establish trans-professional and multi-sector forums for dialogue and human-resource planning and financing. Opportunities for growth and leadership should be open to all.

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