

Agents of change and curators of knowledge

There are critical shortages of health workers globally with a recent analysis suggesting that 43 million additional workers are needed to achieve Universal Health Coverage (1). The current health workforce is unevenly distributed between and within countries, many health workers are exhausted and demoralised, and there are problems with recruitment and retention (2). Increasing demand and growing financial pressures exacerbate these problems. Determined and innovative action is urgently required nationally and globally to deal with this multitude of issues and create a health workforce able to thrive in a rapidly changing world.

We, as a group of UK parliamentarians and expert advisers, undertook a review of the future roles of health workers globally, looking forward 15 to 20 years to when today's 25 year olds will be taking on leadership roles (3). Discussions with people around the world revealed much common thinking about "probable futures". These foresee a world of blended virtual and in-person services, where health workers are highly proficient in using data and technology, co-create care with patients and families, and have different expectations of their work and work-life balance. We also identified some "radical possibilities" – the massive scaling up of professional education through global partnerships, completely revised education processes, health workers working in self-organising and self-employed teams outside traditional organisations, and much more.

Perhaps the biggest challenge for the future is how health systems and health workers can best address the wider determinants of health, which have far greater impact than health systems on health and life chances. We argue that governments and health leaders need to promote a vision for health with three main features. These are, firstly, giving a new priority to shared action across society to create health, prevent disease and improve care; and, secondly, services being principally delivered in homes and communities, with good access to specialised services as needed.

The third more radical feature is for health workers to become "agents of change and curators of knowledge" who - in addition to their clinical, research, management or technology roles - can support, facilitate, guide and influence all those actors outside health in communities, local government, businesses, schools and workplaces who do so much to shape health and wellbeing. As Professor Francis Omaswa, a former leader of Uganda's health system, says "health is made at home, hospitals are for repairs" (4). A crucial part of this role is for health workers to curate knowledge, making it available and accessible to others at a time when truth and knowledge is too often regarded as relative.

What this means in practice will depend on an individual's role and circumstances and may involve offering advice to individuals on lifestyle, supporting groups to create local activities, advising teachers, schools, employers and housing organisations, and public advocacy on policy. Some health workers already do this from personal choice, and social prescribing in the UK is an important new and related development. Dr Natalia Kanem, Executive Director of UNFPA, the United Nations sexual and reproductive health agency, suggested to the APPG that some community-based midwives are a perfect example of health workers acting as agents of change and curators of knowledge. They make

professional judgements and provide high-quality clinical services, but they also influence and advise mothers and communities and can help bring about changes in attitudes, behaviours and facilities.

We argue that this approach now needs to become an explicit part of all health worker's education and practice. We advocate a model for professional education that recognises health workers' leadership role in addition to their specialist and professional ones and which is more broadly based so health workers can adopt a more bio-psycho-social approach. (6), (7)

Some health workers feel their roles are being diminished, spending their time following instructions in controlled systems, being cogs in the machine, rather than acting as professionals. Our vision for them as agents of change and curators of knowledge re-asserts their professionalism in a new and different way. This approach is based on science, technology and data which, as we argue, will determine much of the framing and the language of health, shape how health workers think about health problems and possible solutions, and how they act. It also requires listening to and learning from other ideas about communities, society and the environment. We can all learn from people in low- and middle-income countries and from our own poorer communities (5).

We liaised closely with Health Education England as they undertook their strategic framework for the future workforce (8). We support its conclusions and also recommend that the UK with its tremendous record in professional education and scientific research play a leading role in improving health globally as well as tackling the issues within its own boundaries and systems.

There are no easy solutions to the current crises. Politicians and policymakers will not solve these problems. They can help or hinder but ultimately it will be the inspiration and hard work of health workers and their partners that will make the difference, as they always have done. Our 15 recommendations propose that governments and health leaders set out their vision, mobilise the whole of society around it, invest in health workers and create better and more flexible working conditions. They also need to work together to share learning, develop common approaches and deal with the damaging consequences of skilled workers migrating from lower to higher income countries.

Our final recommendation is that individual health workers should, where circumstances permit, act as agents of change and curators of knowledge. They don't have to wait for the system to catch up. Many already do so, driven by their own passion, with examples such as the Beyond Pills campaign and the Nursing Now Challenge (9, 10).

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We declare no competing interests.

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