



# Global Pediatric Summit

Exploring Standards for Training and Assessment



17-19 July 2009  
Frankfurt, Germany

# From National to Global Competence

*Why are we here ?*

To improve the quality of healthcare for children worldwide

Ultimate Goals:

- Promoting wellness
- Eliminating avoidable disease and disability
- Stimulating transmission of knowledge
- Increasing quality and safety of care



# From National to Global Competence

## *Why are we here ?*

To develop a new model of collaboration

*“...create uniform standards that will drive improvement in the quality of medical care provided to infants, children, adolescents, and young adults worldwide.”*

-- Dr. James A. Stockman III (United States)



# From National to Global Competence

*Why are we here ?*

No single group in the world can act alone to

- Advance “core” knowledge
- Achieve global standards
- Promote professional development of pediatricians



# From National to Global Competence

## *Our Obligations*

- We have a professional obligation to continually improve the professional development of pediatricians around the world.
- The knowledge, innovative technologies, and proven tools to help millions of children across the world are within reach.
- “Science (knowledge) knows no country.”  
-- Louis Pasteur



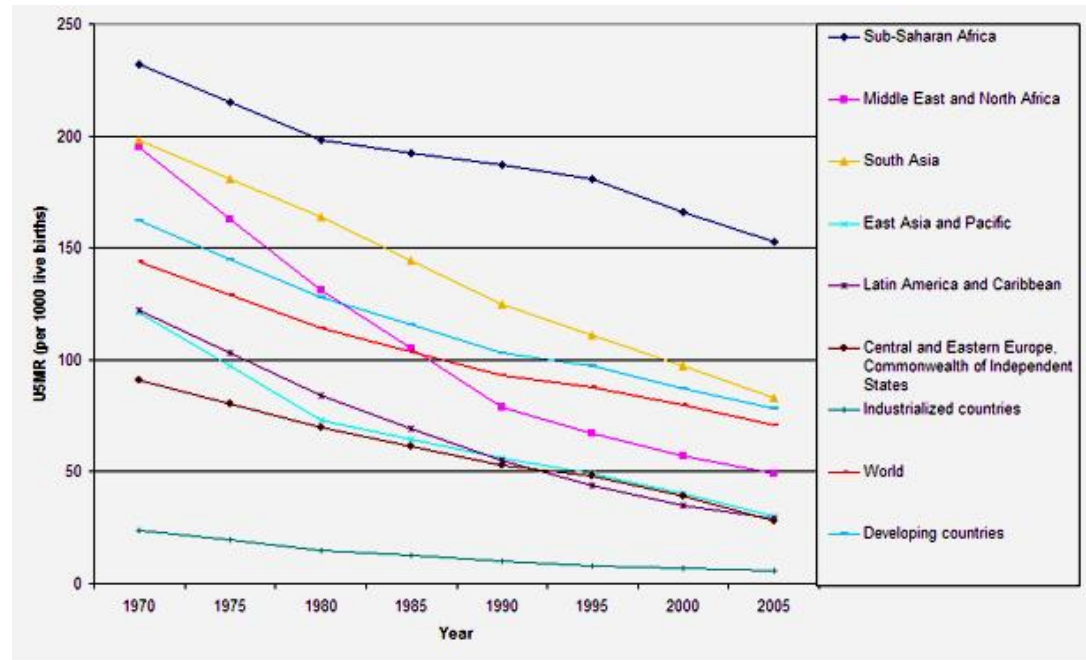
## Trends in Child Mortality

### Major Drivers:

- Technological innovation
- Diffusion of knowledge

### Minor Drivers:

- Economic growth
- Income changes



Under-five mortality rate (per 1,000 live births), by region (1960–2005)

Unicef, Progress for Children 2005  
<http://www.childinfo.org/mortality.html>



# From National to Global Competence

*How to achieve our goals?*

“The more pediatricians know – the better are children”

## How?

- Sharing and disseminating knowledge
- Promoting physician quality
- Investing in respectful global partnerships
- Improving care and increasing patient safety
- Working together as global partners



# The Case for Global Health and Standards of Competence:

*An Historical Perspective*





# Globalization: An Historical Perspective

- 3000 BC – Pharaohs of Egypt traded their gold to the Phoenicians, in what is now Lebanon, for cedar woods to build the solar boats that would take them to the land of the Sun God Ra.



# Globalization: An Historical Perspective

- 200 BC – The Silk Road (or Silk Routes) is an extensive interconnected network of trade routes across the Asian continent connecting East, South, and Western Asia with the Mediterranean world, as well as North East Africa and Europe.



# Globalization: An Historical Perspective

## The Viking Expansion

- 985 – Erik the Red explores and names Greenland
- c. 970-1020 – Leif Ericsson discovers America



# Globalization: An Historical Perspective

## The Black Death of 1347

- killed one-third of the European population, was the direct result of international trade.



# Globalization: An Historical Perspective

- 1492 – Columbus discovers the “New World” and reconnects people that have been separated for ten millennia – the beginning of globalization.



Columbus Landing in the West Indies on October 12, 1492



# Globalization: A More Recent Perspective

- 1960 – Foreign patients come to US for specialized treatments (i.e., open heart surgery).
- 1972 – the term “globalization” is introduced in health care.
- For the last 25 years we have seen many charitable physician groups delivering care around the world (i.e., Doctors Without Borders).
- 1970 -1980 - Hospital Corporation of America (HCA), Mercy International Health Services, and Health South Corporation start to open hospitals abroad.

# Globalization: A More Recent Perspective

- 1998 – Berlinguer defines “globalization of health” as the result of greater cooperation in disease control across the world.
- 1999 – Brundtland associates “globalization of world economy” to the patterns of “global health.”
- 2004 – United Arab Emirates (UAE) establishes collaboration with Harvard.
- 2005 – Duke University and the National University of Singapore partner to launch a new medical school.
- 2006 – Abu Dhabi establishes agreements with John Hopkins and the Cleveland Clinic.

# Globalization: Present Facts

- One million people travel to Asia each year to receive healthcare and contribute US\$2B to the local economy.
- Over 500,000 Americans travel to Thailand and India each year for healthcare services.
- Cuba is a regional hub for tele-radiology services.
- More than US\$1B were invested last year in establishing hospitals or other ventures abroad.
- 30% of UK's health workforce is of foreign origin.
- A third of US primary care workforce is from outside the US.





# Joint Commission International (JCI) Accredited Organizations (2008)

Austria (4)	Israel (3)
Bangladesh (1)	Jordan (4)
Barbados (1)	Korea (1)
Bermuda (1)	Lebanon (2)
Brazil (11)	Malaysia (3)
Chile (1)	Mexico (8)
China(6)	Pakistan (1)
Costa Rica (2)	Philippines (3)
Cyprus(1)	Portugal (2)
Czech Republic (3)	Qatar (5)
Denmark (7)	Saudi Arabia (21)
Egypt (1)	Singapore (17)
Ethiopia (1)	Spain (20)
Germany (6)	Switzerland (1)
India (13)	Taiwan (6)
Indonesia (1)	Thailand (5)
Ireland (16)	Turkey (32)
Italy (13)	United Arabs Emirates (20)

The mission of Joint Commission International is to continuously improve the safety and quality of care in the international community through the provision of education and consultation services and international accreditation.

# Global vs. International Competence?

## Global Competence

- Medicine exemplified in global context – disembedded from spatial context.
- Global curriculum with international aspects as part of the mindset of the learner.
- Closely integrated arrangements extending beyond national boundaries.

## International Competence

- Medicine exemplified in context of regional healthcare system – located in one spatial context.
- International aspects taught as separate elements within the local curriculum.
- Interconnected arrangements across boundaries of two or more countries.



# Why Promote Global Competence?

## Observations

- A single global healthcare market is emerging.
- Healthcare is less geographically restricted than other industries.
- Increasing importance of global metrics for healthcare standards and quality.
- Global partnerships and collaboration improve knowledge for all and quality and safety of care for children worldwide.
- Opportunities to enhance research and educational missions.
- More and more healthcare organizations are seeking international standards of accreditation.



# Global Competence

## *Vision and Objectives*

### **Vision**

To drive improvement in the quality of medical care provided to infants, children, adolescents, and young adults worldwide.

### **Objectives**

- Promote ***common standards for training*** in pediatrics
- Provide or assist in the development and administration of valid/reliable training and certification ***assessment methods***
- Promote ***global professional development*** in pediatrics



# From International to Global Competence: *Questions*

- How are we to promote excellence in medical care for children of the world?
- How are we to ensure the public that pediatricians across the world have the highest levels of competence?
- How will we measure quality in outcomes?
- To what extent can one be sure that international standards will fit the cultural, social, and economical contexts of very different countries?
- To what extent can we be sure that applying procedures and quality rules from one country (or a few) will lead to adequate quality?
- Will adopting universal standards of competence contribute to the improvement of access to health care around the world?

