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**EXPERT COMMITTEE
ON PROFESSIONAL AND TECHNICAL
EDUCATION OF MEDICAL
AND AUXILIARY PERSONNEL**

Third Report

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**EXPERT COMMITTEE
ON PROFESSIONAL AND TECHNICAL EDUCATION
OF MEDICAL AND AUXILIARY PERSONNEL**

Third Session

Geneva, 24-29 October 1955

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EXPERT COMMITTEE ON PROFESSIONAL AND TECHNICAL EDUCATION OF MEDICAL AND AUXILIARY PERSONNEL

Third Report*

Dr H. S. Gear, acting for the Director-General, opened the session. He outlined the work done by the members of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel at its first and second sessions, and called the attention of the Committee to the recognition accorded at the first session to the question of auxiliary health workers.¹ The Director-General had now requested this Committee to examine the problem and report its findings.

1. General

“... In many countries it is still imperative that use be made of semi-trained workers ... these, when properly supervised, may make an invaluable contribution to public health.” This significant statement, contained in the report on the first session of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel,¹ was adopted by the present session as its term of reference, with the rider that, although the fully trained professional health worker is indeed the most desirable, there are certain countries where reasonably good services can be rendered by auxiliary personnel, both at present and in the foreseeable future. This was considered to be in line with the recognized concept that all human societies are passing through stages of development which may

* The Executive Board, at its seventeenth session, adopted the following resolution :
The Executive Board

1. NOTES the third report of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel ;
2. THANKS the members of the Committee for their work ; and
3. AUTHORIZES publication of the report.

(Resolution EB17.R15, *Off. Rec. Wld Hlth Org.*, 1956, 68, 5)

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1950, 22, 13 (section 5.9)

differ greatly from each other and which may imply wide variability in the manner of rendering health services to their populations.

With this rather flexible approach, the Committee proceeded to a consideration of the definition of "auxiliary personnel", and decided to accept that of the United Nations :

"The term auxiliary worker is used by the United Nations family of organizations to designate a paid worker in a particular technical field with less than full professional qualifications in that field who assists and is supervised by a professional worker."¹

However, circumstances in some countries might require that auxiliary health workers replace fully trained professional or ancillary health workers rather than assist them immediately. Under certain conditions, there is necessarily a wide range of tasks assigned and supervision given. The fully trained professional worker who supervises auxiliary personnel may be either a registered physician or a member of one of the ancillary professions, including veterinarians, dental surgeons, sanitary engineers, sanitary inspectors, pharmacists, nurses, midwives, etc.²

2. Health Services for which Auxiliary Health Workers are Needed

Urgent and immediate needs to expand health and medical services coupled with a lack of elementary and secondary educational facilities may in many countries create the situation wherein the use of partly trained or partly qualified persons to perform tasks generally entrusted to fully qualified professional workers must be considered. The important decisions as to how the health needs of a particular country (or other appropriate area) will be met are obviously the duty and responsibility of the pertinent health administration. It is clear that these decisions, especially with respect to personnel, must be made on the basis of a survey and analysis of that country's needs and may have to be accorded certain priorities.

In order to examine the question of personnel, it was first considered necessary to review the kinds of health services required in a locality. The second report of the Expert Committee on Public-Health Administration listed the following health services as basic :

1. Maternal and child health
2. Communicable-disease control

¹ United Nations, Administrative Committee on Coordination (1954) *Report of the ad hoc inter-agency meeting on the training of auxiliary and community workers*, p. 10 (Unpublished document Coordination/R.170)

² In some countries, the term "para-medical" refers to both ancillary and auxiliary workers, but in this report it is applied to the ancillary professions only.

3. Environmental sanitation
4. Maintenance of records for statistical purposes
5. Health education of the public
6. Public-health nursing
7. Medical care (to an extent varying with the needs of the area and the accessibility of larger hospital centres)¹

The present Committee also considered "health administration" to be a definite and necessary community function requiring the use of certain categories of health workers. At the same time, it was felt that the items "public-health nursing" and "maintenance of records" were universally applicable functions included in and closely related to the others listed. The organization of all these services should include provisions for the local health-unit and the local hospital.

3. Types and Levels of Auxiliary Health Workers

Since, by definition, the auxiliary health worker assists or partially replaces the fully trained health worker, further examination of the question must be based upon a classification of the latter. The following categories provide a fairly comprehensive and standard list of the professions which provide health services, though it is by no means either complete or exclusive.

1. Physicians²
2. Dental surgeons
3. Nurses
4. Midwives
5. Public-health engineers and sanitary inspectors
6. Veterinarians
7. Medical laboratory technicians, radiographers, physiotherapists, occupational therapists
8. Pharmacists
9. Administrators
10. Other professions

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1954, **83**, 4

² The term "physician" is used here to denote the practitioner of the art and science of medicine in all its branches, and does not, as in some places, refer only to the medical man as contrasted to the surgeon.

3.1 Auxiliaries for physicians

Broadly speaking, the functions of registered fully trained physicians may be broken down into :

(a) the curative aspect, including diagnosis and the prescribing of treatment ; and

(b) the preventive aspect, whether for the individual family or for the mass of the population.

The Committee considered the problem of the auxiliary whose training was very nearly equivalent to that of the registered physician. This class has sometimes been alluded to as the "near-doctor". It is evident that in certain countries the training and use of such personnel has given rise to difficulties—administrative, psychological, and social. The inherent dangers in the employment of "near-doctors" are now so widely recognized that governments should make a careful review of their position in this regard and possibly re-orient their training schemes accordingly.

On the other hand, there is in many countries an obvious need for auxiliary health workers who are trained to a level where they are able to take over some of the functions of registered physicians, as presented above. The exact duties of these workers is a matter for the decision of the health administration concerned, since the work must be closely related to the needs of the community being served. However, consultation with other interested groups is necessary in order to ensure integration with professional services.

3.2 Auxiliaries for dental surgeons

"The types of auxiliaries to be used in different countries will be influenced by the dental problems of those countries, the educational and economic development, and may be affected by the communication system within the country."¹ This statement, in which the Committee concurred, formed the basis of discussion on the subject, as did a consideration of the use of dental nurses (often known as dental hygienists) in some places.²

3.3 Auxiliaries for nurses

The Committee endorsed the views expressed in the report on the first session of the Expert Committee on Nursing, but considered that certain points should be emphasized : "... many of the nursing activities

¹ Dental Health Seminar, organized by WHO, Wellington, New Zealand, May 1954 (unpublished report)

² See : Fulton, J. T. (1951) *Experiment in dental care*, Geneva (World Health Organization : Monograph Series, No. 4).

formerly performed by nurses can be safely entrusted to workers with less comprehensive training” and “the scope of the training of these workers should be based on the needs of each country and the functions they are to perform...”¹

There is also a need for auxiliaries for public-health nurses. Persons with training in nursing and/or midwifery are often used as public-health nurse auxiliaries after supplementary training in the health care of the family unit, with strong emphasis on preventive and psychological aspects, has been added to their basic education. This type of worker is an example of polyvalent auxiliary health-personnel who, under supervision of public-health nurses, have been shown to be effective under certain circumstances.

3.4 Auxiliaries for midwives

“In certain areas the programme must be largely concerned with the training of auxiliary midwives since the general level of education does not yet permit the training of an adequate number on a professional level. In areas of the world where the numbers of trained personnel are limited and the service is dependent on the traditional birth attendant, the plans for training should have three aims: to improve the practice of the traditional birth attendant, to prepare fully-trained midwives who are required for the training and supervision of the auxiliary midwives, and to train auxiliary midwives.”²

This statement from the first report of the Expert Committee on Midwifery Training was considered as expressing comprehensive concepts on this category of personnel.

3.5 Auxiliaries for public-health engineers and sanitary inspectors

The Committee considered the findings set forth in the second report of the Expert Committee on Environmental Sanitation,³ and recognized that there was a very large field in which auxiliary personnel could be employed if trained more particularly for work in rural areas. However, the number of categories of personnel should be reduced to the smallest one which would cover local needs adequately.

3.6 Auxiliaries for veterinarians

The Committee considered the findings set forth in the report of the WHO European Advisory Group on Veterinary Public Health,⁴ and endorsed the latter's views regarding auxiliary veterinary personnel. Such personnel have been successfully used in the veterinary military services

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1950, **24**, 19

² *Wld Hlth Org. techn. Rep. Ser.*, 1955, **93**, 7

³ *Wld Hlth Org. techn. Rep. Ser.*, 1952, **47**

⁴ To be published in *World Health Organization: Technical Report Series*.

in many countries, and have also proved effective in civil local-hygiene services.

3.7 Auxiliaries for medical laboratory technicians, radiographers, physiotherapists, and occupational therapists

The volume of scientific laboratory work under modern conditions of medical practice, especially in countries with a high incidence of parasitic disease, frequently warrants the preparation of auxiliaries who can be taught to assist in a restricted sense both the ancillary laboratory workers and the clinical staff of a health unit or hospital. The Committee stresses the need for close supervision of this kind of worker, especially in the early part of his career.

In many areas with a large volume of radiological technical work to be done, considerable service could be given by auxiliary staff who would primarily function in a restricted sense as dark-room attendants, but who might also be capable of taking certain kinds of radiographs and of performing tasks requiring only practical teaching. However, this group particularly needs the closest supervision of its work until it has been shown in each individual case that the auxiliary has reached a stage where in a clearly defined field he may work as an assistant to a fully qualified radiographer. In some cases, he may also be permitted to work independently to the extent of being responsible directly to the physician, who must in any case be available for interpretation of the films.

Experience in many countries has shown that it is possible to train physiotherapy auxiliaries who can do useful work in the rehabilitation of patients. Obviously, they cannot be expected to use advanced judgement or initiative in applying their techniques, but in the case of group treatments of patients with similar physical conditions—e.g., injuries to the limbs and other traumatic surgical cases—their services, properly directed, can hasten the date of discharge and improve working ability.

Occupational-therapy auxiliaries may be particularly useful in assisting fully trained occupational therapists to deal with patients suffering from pulmonary tuberculosis, psychiatric disorders, disabilities resulting from trauma—in fact, from most long-term illnesses.

3.8 Auxiliaries for pharmacists

In a number of countries, it has been found that auxiliary personnel can assist, or to some extent replace, the fully qualified pharmacist. There are, of course, potential risks of drug mishandling, and individual health administrations might prefer to limit the duties of such auxiliaries to the dispensing of drugs or medicines in unbroken sealed containers, which

have themselves been produced by manufacturers or fully qualified pharmacists in official central or regional medical stores. In addition, special care must be taken in the assignment of duties involving dangerous drugs and drugs controlled by national and international regulations.

3.9 Auxiliaries for administrators

In many places, the fully qualified administrator of health or medical programmes is a physician, but occasionally other persons are trained in this respect. However, certain duties of a less responsible nature may be assigned to auxiliary workers and may even be combined with other functions, such as the keeping of medical stores, medical records, etc.

3.10 Auxiliaries with other functions

For the purposes of individual health organizations, other types of auxiliary workers, such as nutritionist auxiliaries, medico-social work aides, anaesthetists, health-education auxiliaries, and others, may be required to complete teams working in particular health fields.

In addition, there is an almost infinite range of auxiliary workers trained for temporary or permanent work on an *ad hoc* basis to cover some particular need. Examples of this are : vaccinators against smallpox and/or yellow fever ; microscopists in teams dealing with trypanosomiasis and onchocerciasis ; entomological field-assistants ; workers in snail surveys in campaigns against bilharziasis ; members of sanitation squads dealing with environmental hygiene campaigns. This report does not profess to deal to any great extent with this large group, since the problems of their selection, training, and utilization are relatively simple and easy to solve on a local basis.

4. Training of Auxiliary Personnel

4.1 Type of auxiliaries to be trained

In the consideration of the personnel requirements of a country, region, or community, it is obviously incumbent upon the relevant health administration to define such needs with precision and clarity in order to implement an effective training programme.

One point of principle which the Committee endorsed was stated in the report on the first session of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel—namely that “ facilities for the instruction of trained staff, particularly teachers and administrators, should be established before approaching the question

of auxiliary workers".¹ In other words, the first item in the formulation of a plan for the training and utilization of auxiliary health personnel is the provision of adequately trained teachers and supervisors.

In a country where many health services will be rendered by auxiliary workers, it is advisable to keep the number of categories of such personnel as small as possible. This may necessitate the combining of duties generally found in more than one professional field into the assignment of a "poly-valent health worker". Thus, the health administration might give consideration to modification of training in order to satisfy the calculated requirements. The subject matter included in the course of study would have to be related to the functions envisaged. Out of the large number of examples, two fairly well-known are: (a) auxiliaries whose main training is preventive medicine, including environmental sanitation, but who also undertake first-aid work in both medicine and surgery; (b) auxiliaries whose training and work combine the minor duties of pharmacists and medical laboratory technicians.

The health administration must make the further decision as to whether the emphasis in work, and therefore in training, should be on the curative or on the preventive aspect. Whatever this decision may be in individual countries, there is a great need for the curriculum to stress the great importance of preventive work. Further, the auxiliary should be given practical instruction in elements of sociology, psychology, and methods of health education so that he may be more aware of effective approaches to the people he will serve, thus improving chances of eliciting maximum co-operation.

4.2 General training problems

The main principle to be kept in mind is that *all* health auxiliaries should be selected and trained under regulations, statutory or otherwise, of the health administration, so that the practical aspects of their work may be stressed from the beginning. The health administration, therefore, must accept responsibility for formulating the policy to be adopted, for providing premises and equipment for training, for assigning qualified teachers, and for ensuring suitable conditions during the training period.

While no formula for the training of auxiliary personnel can be promulgated for universal applicability, the Committee felt that some use might be served by the presentation of a few suggestions under the following headings: teaching personnel; place and kind of institution; selection of students; teaching methods; length of training; curriculum content.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1950, 22, 13 (section 5.9)

4.3 Teaching personnel

It is of the utmost importance that the teaching staff should be carefully and specially selected. While there may be wide differences in various countries and in various schemes, the following attributes in teachers should be sought :

(a) knowledge of the subject to be taught to a sufficient level to give a balanced exposition of it ;

(b) ability (and opportunity) to keep abreast of modern developments in their subject, which may mean the employment of persons engaged in active practice in their fields ;

(c) intimate knowledge of the cultural background, reactions to disease, and social environment of the population to be served ;

(d) intimate knowledge of the work to be performed by the students after qualification ;

(e) teaching ability—it being necessary to state emphatically that, contrary to widespread opinion, it is more difficult to teach students with low educational standards than those at a full professional level.

4.4 Place and kind of institution in which training is to be given

It is clear that for the single-purpose auxiliary worker who is trained in some simple technique such as, for instance, vaccination against smallpox or yellow fever, no special place or institution is required. On the other hand, a more complex curriculum would require greater care in the selection of the place and kind of institution in which training will be given. This does not mean that the institution need cost any great sum of money, since success depends to a greater extent on the quality of the teacher and the availability of adequate teaching equipment and facilities than on the construction of elaborate buildings.

There are some basic factors which will influence the choice of the place at which teaching and training are to be given. They may be summarized as follows :

(a) Since the programme in which auxiliaries are to be employed will already have been worked out in detail, and therefore the course of instruction will also have been determined, it is essential that all the required facilities be immediately available or conveniently at hand.

(b) The location of the training course must be as nearly typical of the area in which the auxiliaries will work—in respect of environment, disease occurrence, cultural patterns, and types of resources for meeting local needs—as can be arranged.

This means that if the auxiliary is expected to work in a rural environment it is better, other things being equal, to train him under rural conditions and in close contact with a population of the type he will later serve. There are risks in bringing such trainees into a large urban environment where, if the course is at all prolonged, they may lose the necessary close touch and sympathy with rural dwellers.

It is realized that these considerations may be overborne by others, such as availability of adequate teaching staff and access to teaching material. However, if circumstances require that the teaching institution be placed in an urban environment, then special provision must be made at the same time to include rural field-work as an integral part of the training course. Thus, practical experience in the type of work for which the auxiliary is being trained will not be entirely replaced by theoretical teaching.

The institution itself should be strictly functional and simple in construction. It can be as inexpensive as will fill the immediate needs, since then there will be less difficulty in replacing it later, should marked changes in methods of training have rendered it obsolete. The basic needs are: a lecture room, which can also be used for discussion groups or as a private study when not in use for teaching purposes; a room for reference books; a practical demonstration room, which should be equipped for visual-aid teaching; and the facilities for practising the skills or techniques required both in institutions and in the field. The training centre should be on the simplest and least expensive scale consistent with the function it is to perform.

4.5 Selection of students

Under this heading the Committee offers several suggestions for the consideration of health administrations, realizing that emphasis on one or other factor may be necessary according to local circumstances.

4.5.1 Educational qualifications

Most regulations governing the training of a given category of auxiliaries will contain a reference to minimum educational qualifications. It is usually recognized that all selected students must have at least sufficient education to be able to benefit from the training method in use, whether purely practical or embodying a more academic aspect. Also, there may in many instances be a need for knowledge of a particular language medium, either in order to follow the course of instruction or for purposes of communication with the people to be served, or both.

It is understood, of course, that those candidates who possess sufficient educational qualifications to undertake professional studies should be encouraged to do so.

4.5.2 *Character, ethical standards, motivation, and social consciousness*

Regardless of educational levels and training content, great importance in selecting students must be attached to these essential qualities, which may well be more important than mere academic ability. However difficult it may be to assess these factors, a determined attempt should be made to attract and select the best candidates.

4.5.3 *Age*

Where the work to be performed is static and it is unlikely that the individual will seek further training, or where there is to be intimate contact with people in their own homes, persons of a higher age-group may be the better candidates for training. One must also consider the relative importance of prestige, social environment, and the reactions of local populations to advice offered by persons whom they consider to be insufficiently mature. On the other hand, with longer courses of training, especially if there is a higher theoretical or scientific content in the curriculum, or where there are possibilities of employment in institutions or under immediate senior control in the years immediately following completion of training, a younger age-group can well be selected.

Another factor, related to the preceding, which may have an influence on the age of candidates selected for training is whether the work to be done is full-time or part-time. Established, older members of the community, generally with some family responsibilities, may be more suitable for part-time employment, whereas a full-time career is more likely to attract younger persons.

All other considerations aside, the difficulties which may be encountered in attempts to train older persons should be kept in mind.

4.5.4 *Physical fitness*

In almost all training schemes it will be essential to ensure that the selected candidates pass a prescribed physical examination, which should be based at a level of requirements directly related to the work to be performed both as a student and as an auxiliary worker. It is also necessary for the physical examination to eliminate all those who may be suffering from a condition which may endanger the health of the people to be served.

4.6 **Teaching methods**

In teaching student auxiliaries, it is important to adopt methods conforming to the basic idea that rarely can trainees by themselves relate textbook knowledge to field work or to specific problems or actions. For this reason, it is essential that every effort be made to introduce modern

educational methods modified to meet the level of basic education attained. As far as possible, instruction and practice should be centred in or demonstrated by a patient's case or a specific situation presenting a definite health problem together with the steps necessary for resolving it. In addition to demonstration methods and visual aids, "learning-by-doing" is essential, the student immediately practising what has been demonstrated.

In view of the importance of the auxiliary's functions in the preventive field and in health education, a further step in the training process is essential: "explaining-while-doing". The auxiliary is the health worker closest to the people and should constantly inform the individuals or groups with whom he comes into contact in the course of carrying out his technical activities. In general, it is clear that the lower the level of instruction, the higher should be the proportion of practical work.

4.7 Length of training

The extreme range of length of training courses does not permit one to lay down rules, but it is possible to draw attention to at least one factor involved. The level of basic education, as well as the content of the curriculum, has an important bearing on the question, as does also the teaching method adopted. Sometimes, it may be necessary to prolong a course of training to ensure that the students have adequate time for the repetition under supervision of skilled tasks, so as to fix the essentials in their minds. In general, the length of time spent in training courses should be kept as short as is consistent with the needs of the student in relation to his future assignment.

4.8 Curriculum content

The whole content of training should be kept as practical as possible, and only such theoretical aspects of the actual subject and of basic sciences pertaining thereto as are absolutely essential should be included. All the information given to the trainees should thus be limited to their absolute needs and be entirely free of "textbook" irrelevant matter. To ensure this, most of the teaching material may be given to students in the form of mimeographed notes prepared by the teaching staff. In this way, the subject matter can readily be brought up to date in separate sections and yet serve as an accurate brief and practical reference book for the student.

It is essential that there be a definite emphasis on social and cultural factors affecting health in the area, and on individual and community reactions and motivations. Thus, the auxiliary may become better aware of the proper approach to and relationship with those he will serve. This is sometimes alluded to as the "social content" of the curriculum.

In all training curricula of auxiliary health workers, emphasis must be placed on the preventive aspects of the work to be performed, and on methods of health education as applied to the particular community.

The ethical standards of the professional teams in which they are to play a role must become part of the daily life of the students. Although many aspects related thereto cannot be taught as a class-room exercise, the attitudes of teachers are easily discerned and their professional behaviour should be a constant example for the future auxiliary worker. In addition, there should be inculcated into every health worker an over-all appreciation of the value and dignity of human life and of the responsibility which rests upon all individuals charged with its protection and preservation.

5. Utilization of Auxiliary Personnel

The important principle relating to the utilization of auxiliary health workers is that they should not be permitted to practise independently or on their own, since by definition their training is unsuited to such methods of practice. The health administration should have complete control of their activities from the time of selection, through the training course, and during the period of service to the community.

5.1 Relationship of auxiliary to fully qualified professional workers

Reference has already been made to the risks of disharmony in working relationships which may easily occur when there is an insufficient distinction between the training of auxiliaries and that of fully qualified professional personnel to whom they act as assistants or whom they, to a greater or lesser degree, replace. The operating policy in this respect should be formulated by the health administration, and should clarify certain points as listed below :

(a) In order to obviate discord, to promote efficiency, and to avoid psychological and local political difficulties, a well-defined status within the health organization must be accorded to each category of auxiliary.

(b) The auxiliary health worker must be assured of a reasonably high social status in his community and of a clearly defined place as a member of the health team.

(c) Within each category there may need to be grades or classes of personnel. As far as possible, however, this grading should be based on efficiency and experience, not on a multiplicity of methods of selection and training which often lead to the framing of new names for grades with little or no distinction among duties and functions. A more simple

organizational scheme will tend to reduce problems of training and to minimize the tendency to bring the level of auxiliaries too close to that of fully trained professional workers. This does not preclude the possibility of an auxiliary worker's proceeding to a professional level of training, if he can meet the preliminary educational requirements.

(d) Health administrations should endeavour to calculate a numerical balance or ratio between professional and auxiliary health workers as is best suited to the local circumstances.

(e) Where polyvalent health workers are used, the health administration should especially clarify the lines of supervision, so that the auxiliary understands to which person he is responsible for which of his functions.

5.2 Functions of the fully trained professional or para-medical health worker in respect of the auxiliary

The health administration should always call upon the appropriate fully trained professional, or where applicable the fully trained ancillary worker, to assist in formulating the policy which will be followed in the training and employment of auxiliary personnel. The supervision, as well as the training, of auxiliaries should be carried out by professional workers and should be as close as local conditions will permit. On the other hand, supervision must not be arranged in such a manner that there is a risk of stifling initiative or lessening the sense of responsibility of the auxiliary working within his own allotted field.

A person charged with supervision of the work of auxiliaries, after the latter have finished their formal training, should realize the importance of his role as teacher. It should be part of his duty to impart information on advances in knowledge, use of new drugs and remedies, and the details of new techniques where appropriate, with a view to maintaining standards of practice. Perhaps even more important is his duty to instil and maintain a proper sense of professional ethics and attitudes in subordinate auxiliary staff.

In the second report of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel,¹ attention is called to the need for a medical student, during his training, to learn something of the task of other co-workers in the health field and to appreciate the part each plays. The same idea may be carried a little further to suggest that professional health workers in all categories mentioned in section 3 (page 5) must be trained (or at least learn) how to use auxiliary staff to the best advantage, and must realize their responsibility in contriving to help auxiliary workers maintain standards of service.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1953, 69, 10 (section 3.1.4)

Where instruction in supervisory technique is not part of the course of instruction of the fully trained worker or is only partially given, it is the responsibility of his own supervisor to supplement this knowledge through orientation courses or in-service training, or both.

5.3 Assignment and conditions of service

It is important that from the beginning of a programme everyone (administrators, fully qualified professional officers, and auxiliaries themselves, as well as the general population) should understand that the auxiliary is an essential part of the team providing health services. For this reason, the responsible health administration must clearly define the position of auxiliaries to make certain that they are accorded an assured status not only within the health organization but in the social structure of the community in which they work. The best means of ensuring this is to have an adequate set of regulations which will govern the employment of the auxiliaries and cover all the questions of remuneration, uniforms, paid leave, advancement and promotion, and facilities for keeping their knowledge and skills up to date within the limitations pertaining to their particular category.

The questions of rates of remuneration, uniforms, and paid leave do not lend themselves to discussion in a general review since they are so closely related to local conditions, including standards of living and living costs, but in general it should be said that remuneration and allowances must always be on a level related to the maintenance of the status accorded to that category of auxiliary.

Difficult problems arise in connexion with advancement within the field of auxiliary personnel. These may be considered from two angles: the emergence of the auxiliary into the fully qualified professional; and advancement within the auxiliary class itself. As far as the first aspect is concerned, there are grave difficulties related to deficiencies in basic education and to lack of teaching facilities designed to enable such a transition, which make the gap well-nigh impossible to bridge. Furthermore, there is the risk that by providing an inferior brand of piecemeal training the standards of the fully qualified professional officers will be lowered. There is, however, every reason to encourage the auxiliary who has in practice demonstrated his personal ability to enter the fully trained category by acquiring the necessary basic academic qualifications and then to undergo full professional training.

Advancement within the category of auxiliary is far easier to arrange and generally more satisfactory in practice. It is obviously necessary to provide at all times for maintenance of the skills and knowledge of auxiliary workers. This is best done, where at all possible, by regular refresher

courses, but certain administrative difficulties not easily overcome in practice occasionally present themselves. An alternative would be to allocate auxiliaries to posts on a rotating basis so that those who have worked for a spell with minimum supervision are brought into a larger centre where they can become familiar with new methods and techniques. Whichever method is adopted, the opportunity arises to assess the relative value of each individual in a service and thus to afford grounds on which promotion can be based. It is essential that in the higher categories of auxiliaries employed on a permanent basis there should be a ladder of potential promotion which in itself is an incentive to good work. At the same time, it is essential that promotion into these upper grades of auxiliaries should be on a basis of merit and not merely of length of service.

6. Voluntary Auxiliary Health Workers

Although the auxiliary health worker is defined as a paid worker (see section 5.3, page 17), some reference should be made to the unpaid voluntary workers in the field of health. It is, of course, incumbent on the health administration to develop and maintain the greatest accord with groups or agencies performing such voluntary work and to assist them in matters of standards of training, types of assignment, and integration into the total community-health picture.

The same means should be taken to protect the voluntary workers as the paid workers, as well as the people they both serve, by setting physical standards, by conducting medical examinations, and by vaccination.

7. Nomenclature and Terminology

The Committee noted with some concern the great variety of names given to different categories of auxiliaries, even among those serving in the same field without much apparent difference in their functions. Each health administration must be free at all times to use a nomenclature related to local circumstances, but the following points should also be considered :

(a) It is undesirable to accord to the auxiliary the title which is normally the prerogative of the professional worker in the same category, as this may lead to confusion in the minds of the population.

(b) In a large number of countries, it has been found satisfactory to use a nomenclature which specifies the field in which the major part of

the auxiliary's work is performed, adding the word assistant, e.g., midwifery or maternity assistant, health assistant (for those whose major field is preventive medicine), or nursing assistant. Where there are two classes of auxiliaries in the same field, they may be distinguished by the use of "assistant" for the higher level and "aide" for the lower, e.g., nursing assistant and nursing aide.

8. Conclusions

Emphasis throughout this report has been placed on the responsibility of health administrations to assess precisely the health needs in the areas under their jurisdiction and to decide the manner in which auxiliaries will be used to meet them. WHO possesses information relating to experiments, successful and less successful, which have been made in various parts of the world, under widely differing circumstances, and is willing to share this knowledge. Governments should therefore feel free to request information or assistance in the setting up of a new programme, as well as in reviewing and amending an existing one.

WHO and other international agencies may be prepared to provide assistance in relation to teaching material for institutions set up for the training of auxiliaries. Under appropriate circumstances, it may also be possible for WHO to assist in the development of a training school by providing expert personnel to help train local teaching staff.

The Committee is of the opinion that for the foreseeable future, and probably for many generations to come, the auxiliary health worker will be an essential member of the team providing health and medical services. Consequently, he should be carefully chosen, adequately trained for the tasks which he is to perform, suitably employed, fairly remunerated, encouraged to do his best work, and above all given that recognition which clothes him with dignity and self-respect, without which he cannot be expected to discharge the duties of his office with the greatest effectiveness.

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