The statement released by the dirmed/L&D collaborative in November 2019

A Call for Action - A New Approach to Learning for MSF

There is a shared understanding, among the Medical Departments of the 5 MSF OCs and their respective L&D Units, that today’s L&D models may not fully respond to the current and emerging learning needs of our organization. We have highlighted numerous gaps and deficiencies within our L&D approaches, which can be broadly categorized as:

- **Insufficient coverage** of staff benefiting from L&D opportunities
- **Poor estimated impact** of some of our learning actions (inadequate methodologies, asynchrony between learning and applying).
- **Deficient appropriation** of the learning process by organizational stakeholders
- **Insufficient use of opportunities** for more collaboration and mutualization (duplication of course offer, isolated course development per OC, etc.)
- **Low cost-efficiency** of our current portfolio of learning solutions (in terms of budget, time and carbon footprint)
- **Lack of proper identification**, expression and prioritization of needs and low prioritization of the current learning actions (choices not made on criticality of needs)

We need to ensure the right solutions for the right people at the right moment.

Continuous professional learning has expanded dramatically during the past decades. Today we are aware that, in order to have impacting L&D strategies, we need to shift some of our resources from traditional formal learning to more on-the-job and informal learning, allowing L&D solutions to be closer to the learners and patients. This shift could be illustrated through the “70:20:10” ideas, which describes best practices and approaches regarding continuous professional education:

- **70% of the learning** is achieved through “learning by doing”, meaning a conducive working environment supporting staff’s self-development (f. ex. by stimulating mobility/ detachments)
- **20% of the learning** comes from “social exchange”, which means conversations with other professionals on the issues that matter most to the staff and peer learning (f. ex. mentoring& coaching, bedside trainings, etc.)
- **10% of the learning** is achieved via “formal learning” (f. ex classroom trainings)

This approach is not a mathematic formula but an inspirational idea that needs to be adapted to the realities of MSF. Moreover, the full scope of methodologies is necessary to ensure learning.

In response to these findings, we, Medical Directors and Heads of L&D, jointly developed a **Shared Vision on the Learning and Development for Health Staff in MSF**, where the primary driver for MSF’s investment in continuous professional L&D of our health staff, is to provide relevant, safe and effective person-centered health care to patients and populations in crisis.

Our Vision was stated as follows:
In 2025:

- Learning and development strategies for health staff across MSF reflect this purpose and have shared strategic orientations, with complementary approaches across the movement. Strategies are based on a robust assessment of needs and aim to have a measurable impact on patient care.
- MSF health staff are self-motivated, autonomous learners in an organizational environment which supports their professional development.
- There is equitable, needs-based access to development opportunities for all health staff, with a positive focus on those who have benefited least historically.
- There will be use of varied, evidence-based adult learning methodologies and technologies, and testing of innovative learning and development methods, with robust evaluation of what works. Priority will be given to practice-based, integrated learning in the field.
- Where it responds best to MSF learning and development needs, MSF will partner with other organisations, and support staff to take up accredited training opportunities.

With this Call for Change, we want to engage the MSF movement, for a real transition to a more holistic L&D approach. This requires the development of a learning culture in MSF. The responsibility for learning lies with the individual as well as with the organization. It implies putting in place a proper learning environment where staff is empowered and supported to develop themselves while meaningfully contribute to the social mission. Individuals are responsible to lead their own learning and development path while the organization must provide the right tools and ensure an enabling working environment.

The 5 Medical Departments and 5 L&D Units of OCA, OCB, OCBA, OCG and OCP collectively agree to make this a major call for the coming years, to collaborate in developing convincing best practices of diverse learning approaches, and so prepare our respective OCs for transitioning to new approaches. Every section will progress at its own pace, but we will all promote, support and challenge each other to get this done. We hope that these examples will be inspirational also for other departments to follow the change!

Directors of Medical Departments
Heads of L&D