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Equipping doctors for global health challenges

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The challenge:

Global health covers issues that affect us all, wherever we live in the world. We are interconnected and interdependent, from managing epidemics to access to drugs and handling the impacts of climate change.¹

Global health therefore places a priority on improving health and achieving equity in health for all people worldwide;² this is more vital than ever in the United Kingdom (UK), where the existing rich population diversity, of patients and healthcare professionals, presents challenges and opportunities. Evidence suggests that UK postgraduate medical training has not kept pace to meet this diversity.^{3,4} Since global health is now an integral part of routine clinical practice, a lack of awareness or training in specific skills may result in suboptimal patient care.

The UK health system is constantly evolving, as demonstrated by the UK Care Act and the Five Year Forward View, the ethos of which are centred on the need for community oriented healthcare driven by local needs. Global knowledge of populations, cultures and health systems enhances the ability to know our communities, their needs, and mitigate the health effects of global forces locally. For example, in North America, public health and medical education associations have sought to advance core curriculum guidelines appropriate for medical students.⁵ However, for the UK to maintain its position as a global health leader, doctors must be appropriately trained in global health issues- both to allow them to practise competently within the UK and for some to work abroad.⁶ Integration of global health capabilities into postgraduate medical curricula will not only benefit patients in the UK but also internationally. This integration is being aided by professional governing bodies, including the General Medical Council which recently published the Generic Professional Capabilities framework⁷ in which it identifies the basic tenants of global health: capabilities all doctors should have received competency in by the time they achieve specialist registration. Key challenges, however, have been the lack of consensus about what constitutes a global health curriculum and how integration would be achieved, stemming in large part from varying definitions of global health in terms of geographical focus, curriculum content and educational frameworks.

Addressing the challenge

The Global Health Curriculum Group (GHCG), a group of healthcare professionals, was commissioned by the Academy of Medical Royal Colleges to lead a consultation on global health competencies.⁸ This demonstrated broad agreement that global health competence is essential and identified five key areas which are relevant to all UK postgraduate health professionals (see figure 1). Each area directly relates to day-to-day practice and to leadership and advocacy roles of healthcare professionals. Traditionally, global health training has focused on work abroad,⁹ whereas this new approach recognises its importance for local practice within the UK.

Figure 1. Global health capabilities



A review of UK medical postgraduate curricula³ demonstrated that only six of the 11 curricula contained global health capabilities, although all contained generic capabilities where a global health perspective is essential including caring for refugees, those from immigrant communities or patients of diverse cultures.

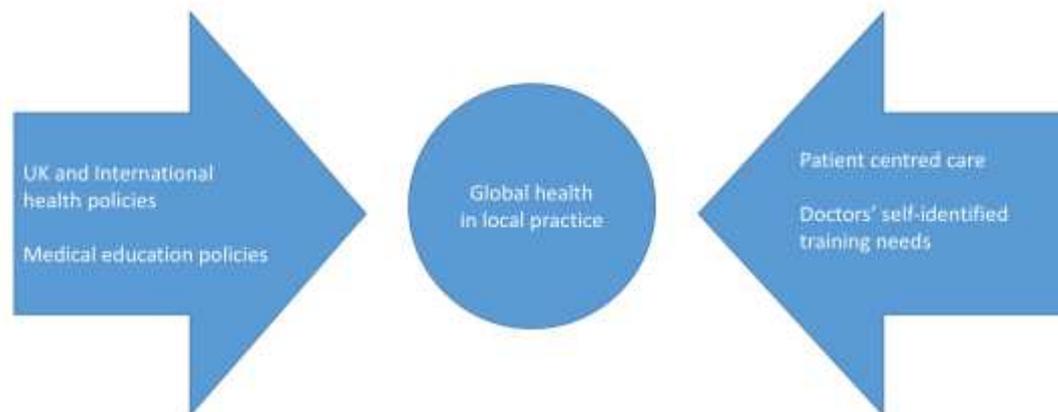
Given the already high demands on trainees in postgraduate training, a social media survey was undertaken to identify if the introduction of global health capabilities would be acceptable to medical trainees. The results demonstrated that 74% of the 168 respondents felt that training to develop global health capabilities within their specialty would be useful. The highest ranked delivery methods for global health training were “Clinical experience/ placement” and “College training day” and the lowest ranked method was “Recommended reading material”. Although the survey was distributed to a technologically competent subgroup using social media, “E-learning” was the second lowest ranked method.

What’s next?

The GHCG has been engaging those who would be directly affected by the inclusion of global health capabilities in curricula as well as those who can advocate and enact these changes, through meetings and seminars. There has been a general agreement on the need for global health to be included within the training and daily practice of health practitioners in the UK. To encourage that inclusion, further engagement with those in training and curricular leads is vital and ongoing. The Royal College of Paediatrics and Child Health has been leading the way at incorporating global health competencies into their curriculum¹⁰ and it is hoped that other Medical Colleges will follow. A high-level meeting of key stakeholders will take place with UK’s Medical Royal Colleges, healthcare policy-makers, regulatory bodies, patient advocacy groups and trainee representatives to explore the aspects of global health relevant to those working in the UK and promote further inclusion of global health capabilities. This will include further engagement with the All Party Parliamentary Group (APPG) on Global Health and patient groups.

A two pronged approach will inform the future direction to encourage integration of the global health capabilities; these include policy-identified needs and practice-identified needs. (see figure 2)

Figure 2. Two pronged approach to the integration of global health in local practice.



Delivering training according to health professionals' self-identified learning needs is likely to maximize engagement. Building on from the evidence generated by the GHCG social media survey, we propose using a larger sample size through a comprehensive UK-wide survey on trainees' learning needs in global health, co-ordinated by the Royal Colleges with methodology adapted to minimize bias in data collection.

The changing socio-political context, for instance, the US elections and the Brexit referendum have arguably demonstrated a lack of public and political will to support an inclusive global health agenda and impart further uncertainty in the global health arena. Yet population movements on the scale of the current refugee crisis creates a moral imperative for doctors to act to reduce inequity for vulnerable patients within and without UK borders- and they must be appropriately trained to do so effectively.

References

1. Crisp N. *One World Health: An overview of global health*. 1st ed. CRC Press, 2016.
2. Koplan JP, Bond TC, Merson MH, et al. Towards a common definition of global health. *Lancet* 2009; 373: 1993–5.
3. Hall J, Brown C, Pettigrew L, et al. Fit for the future? The place of global health in the UK's postgraduate medical training: a review. *JRSM Short Rep* 2013; 4: 19.
4. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010; 376: 1923–1958.
5. Arthur MA, Battat R and Brewer TF. Teaching the Basics: Core Competencies in Global Health. *Infect Dis Clin North Am* 2011; 25: 347–358.
6. All-Party Parliamentary Group on Global Health. *The UK's Contribution to Health Globally: Benefiting the Country and the World*. Report, London, UK June 2015.
7. General Medical Council. *Generic Professional Capabilities framework*, <http://www.gmc-uk.org/education/23581.asp> (2016).
8. Walpole SC, Shortall C, van Schalkwyk MCI, et al. Time to go global: a consultation on global health competencies for postgraduate doctors. *Int Health* 2016; 8: 317–323.
9. Kerry VB and Mullan F. Global Health Service Partnership: building health professional leadership. *Lancet* 2014; 383: 1688–91.
10. Williams B, Morrissey B, Goenka A, et al. Global child health competencies for paediatricians. *Lancet* 2014; 384: 1403–5.