

Barriers to implementing a health policy curriculum in medical schools

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Dear editor

As clinical medical students, we read with great interest the perspective by Malik et al.¹ Although medical schools excel at educating students on the pathology and treatment of diseases, we agree on the severe deficiency in teaching health policy (HP) in the medical curriculum. However, the authors fail to include challenges facing this implementation, which is an important aspect of the analysis. Thus, here we outline 3 key barriers that must be considered when including HP teaching in the medical curricula.

First, as the authors mention, the medical curriculum is already saturated and there is insufficient space to add obligatory HP learning in timetables. The UK curriculum is so packed that lecturers resort to teaching facts, which students then rote-learn and commit to memory. This leaves little time for students to develop a deep understanding of the pathophysiology of diseases and subsequent management, and they also fail to develop core lifelong skills, including problem solving and critical thinking.² It is well acknowledged that the medical course is extremely rigorous, and up to 90% of students have admitted to suffering from stress and up to 75% have complained of burnout.³ With mental health issues among students reaching epidemic levels, adding HP lectures to the timetable would put undue strain on both the medical school curricula and the students.

Second, implementing an HP course would require a multidisciplinary faculty team, which includes epidemiologists, health economists, and sociologists among others. This team would need to be integrated with the medical faculty; however, there is already a physical segregation of schools of public health from medical departments, which has institutionalized a degree of separation. This independence has caused population-based health care to mean little to most undergraduate students and many consider public health a postgraduate endeavor.⁴ In addition, many medical schools do not employ academics for medical education in fields of social sciences, management and economics, and current lecturers (often clinicians) are generally untrained in these areas. Thus, targeted recruitment would be required in a time of health care reforms and staff shortages to meet this demand.

Finally, as many institutions fail to include any HP teaching, there is very little precedence as to how an HP curriculum should be taught. One relevant example is the current effort to introduce leadership and management (LM) teaching to core medical curricula. With little research evaluating methods of implementing LM teaching, institutions had poor results, with no robust evidence to show that their approach of adding in lectures improved leadership development.⁵ There must be greater effort

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and funding to research how to effectively incorporate an HP course into the current medical curriculum before implementing it nationwide. All medical schools should openly participate in pilot programs to provide feedback on different iterations of the course to eventually produce an efficient, standardized curriculum.

In conclusion, we support the implementation of an HP course within the current medical curriculum. However, there are several limitations, which must be addressed to develop this, including the course content and the practicalities of its incorporation in different institutions.

Author contributions

RM, JSF, and IO were involved in the conception, design, drafting, revision, and final approval of the letter.

Disclosure

The authors report no conflicts of interest in this communication.

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