



The incorporation of global healthcare teaching into the core medical school curriculum

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Letter

The coronavirus pandemic has resulted in changes to the delivery of undergraduate medical education, both teaching and examination. Having reflected on our experience at medical school, we feel this period of change presents a timely opportunity to include global health/surgery teaching as part of the core curriculum. This is particularly important at present as international collaboration has been crucial in managing the pandemic. Furthermore, electives – a time during which students are often exposed to international healthcare systems – may be restricted by geographical barriers for the foreseeable future. Our own experiences of global surgery during a student-selected component have changed the ways in which we approach medicine on a daily basis. As the flow of infections, information and people between countries grows, it becomes increasingly important that future doctors are trained to be part of this international and connected world.

A 2019 survey of 33 UK medical schools found that only 11 included global health teaching in their core curriculum; up to two-thirds of students will practise as doctors without receiving formal teaching about the global barriers to health equity.¹ The survey found that over half of the medical schools offered some sort of global health teaching, either as a student-selected component or intercalated degree; however, these are likely to attract students with a prior awareness, so may be masking an unmet need in teaching provision. This is a problem seen around the world; a survey of medical students from both low-middle-income-countries (LMICs) and high-income-countries (HICs) unearthed a clear lack of global health teaching provision. While 94% felt that this teaching was important, only 33% felt that they had received enough.²

Our teaching began by introducing the global barriers to accessing high-quality healthcare, before encouraging us to form networks with likeminded individuals from both HICs and LMICs. A valuable part of this training was the formation of meaningful

connections with our peers across the world and guidance on how to maintain such partnerships. Through meetings such as online journal clubs, we were able to share information, learn about differences in our experiences of medical school and compare the ways in which clinical tasks are prioritised. Our experience is not unique, and global networks such as these are known to be helpful to and popular with students when implemented.³ The formation of networks of students between HICs and LMICs may facilitate information sharing. As healthcare shifts from being a national concern to one that is international, we believe that the integration of the principles of global health/surgery and partnerships into core curricula is essential.

Global healthcare education should not consist of didactic teaching and should instead be focussed largely around open discussion and group work, as preferred by students.² Additionally, the content of global health teaching is shifting away from a tropical medicine-based approach, towards an updated model focussing on health equity and the globalisation of healthcare, which may be more relevant to future clinicians.^{4,5} We outline below three components that we found particularly useful and hope will be a part of the universal medical student teaching experience:

1. Discussion surrounding the principles of global health/surgery equity and partnerships,

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2. Guidance through the formation of one international partnership and
3. Encouragement to build personal networks through exposure to pioneers in the field.

These steps provide knowledge and skills which would be difficult to come by without some direction from those experienced in the practice of global healthcare. These skills will enable students to either lay foundations for a career in global medicine if interested or pursue a domestic career with a better awareness of global health issues.

The major obstacle in integrating global healthcare teaching into the core curriculum is that the addition of a new component must come in place of an existing one. While this is undoubtedly a necessary consideration, healthcare is always changing and the medical school curriculum must reflect this or risk becoming outdated. We are extremely grateful to have received a high standard of global healthcare teaching and feel that it is indeed a necessary 'update' in the core curriculum.

Global healthcare teaching is of paramount importance, both during the current health crisis and in mitigating health inequities. As improved guidelines for the implementation of change are constructed, it is necessary to ensure that global healthcare teaching remains up to date.⁶ Awareness of the different healthcare between HICs and LMICs can pave the way to better healthcare provision and ensure realistic and sustainable success in any interventions.


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