

Policy Document

Global Health and the Medical Curriculum Policy

Background

The Australian Medical Students' Association (AMSA) is the peak representative body for Australia's medical students. As such, AMSA has a key role in advocating for the highest quality medical curriculum that equips future generations of health practitioners with the necessary knowledge and skills to deliver the highest quality care to patients and the community.

Global Health and Medical Education

21st century medical practice is underscored by unprecedented global interconnectedness and interdependence. Globalisation has led to many challenges and opportunities for medical practitioners through the transnational movement of "pathogens, information, trade, finance and people" [1]. Indeed, health outcomes and risks have inherently global causes [2]. In order to operate effectively in this global setting and to improve health domestically and internationally, medical students should emerge from their studies with a sound understanding of these challenges and opportunities. This can be achieved through a medical curriculum that adopts Global Health as a core component. [1, 3]

Global Health is a field of practice, research and education that is dedicated to better health for all, with particular attention to the needs of the most vulnerable populations through a fundamental commitment and emphasis on health and human rights. Global Health has moved beyond the traditional emphases in 'international health' that focuses solely on the biomedical aspects of disease that affect socioeconomically disadvantaged populations [4]. Rather, Global Health views health as a positive state of wellbeing shaped by social, cultural, environmental, economic and politic determinants. This multidisciplinary collaboration in Global Health has allowed integrated approaches in clinic, community, and government to disease prevention, health promotion, public health and health care delivery. [5, 6]

There is a strong hunger for Global Health education within the Australian medical student community. Unprecedented growth in interest around Global Health issues has resulted in high levels of engagement. The annual AMSA Global Health Conference now sells out invariably and has grown from a one-day workshop in 2005 to a stand-alone 5-day conference with over 600 delegates. There are now Global Health Groups at every medical school in the country leading successful local projects, as well as participating in national ones. The 2008 Medical Education Survey investigated interest in global health amongst over 1000 Australian medical students. The survey reported that 93% of participants agreed Global Health topics should be included in medical school curricula, whilst only 30% believed their medical school curriculum gave them the skills and knowledge to work in the global health setting upon graduation. Hence, a medical curriculum that incorporates Global Health recognizes the modern day requirements and obligations of medical

Head Office

42 Macquarie St
Barton ACT 2600

Postal Address

PO Box 6099
Kingston ACT 2604

Phone +612 6270 5435

Fax +612 6270 5499

Email mail@amsa.org.au

Website www.amsa.org.au

Twitter @yourAMSA

ABN 67 079 544 513

practitioners, as well as moving in accordance with the interests and passions of many Australian medical students.

As we move into a globalized and increasingly connected world, our understanding of how health is determined must move accordingly. This unprecedented interdependence has led the WHO Director General to surmise 'The separation between domestic and international health problems is no longer useful [7].' A robust presence of Global Health within the medical curriculum will be key in creating a generation of 'global practitioners' committed to the notion of 'health for all' famously enshrined within the Declaration of Alma Ata [8]. Ultimately, Global Health education in the medical curriculum will result in better care for our patients and more holistic and equitable health for the world's peoples.

Position Statement

AMSA believes that contemporary medical curricula in Australia should have a core objective of graduating medical students that:

1. have a robust appreciation for transnational health issues, determinants and solutions espoused within the global health paradigm;
2. are sufficiently skilled to deal with the health of patients and communities in a globalised world; and
3. are empowered global leaders driven to achieve global health equity.

Policy

AMSA accordingly calls upon;

1. Australian Medical Schools and the Australian Medical Council to adopt the promotion of health for all as a strategic objective.
2. Australian Medical Schools facilitate the development and implementation of medical curricula for all students that at a minimum;
 - a. Vertically integrates across year levels and horizontally integrates across themes; a global focus into the delivery of existing models of clinical and community medicine teaching;
 - b. Puts an emphasis on the conceptual understanding of how health is strongly determined by the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness; circumstances which are in turn shaped by a wider set of forces: economics, social policies, and politics.
 - c. Cultivates an understanding of the various interdependent determinants of health inequities;
 - d. Illustrates the constellation of actors (individuals and/organizations) at community, national, and global levels whose primary purpose is to promote, restore or maintain health and that such actors transcend the traditional health system and may include governmental, intergovernmental, private for-profit, and/or not-for profit entities;
 - e. Fosters an understanding of the cross-disciplinary nature of Global Health. In particular disciplines such as epidemiology, development economics, population demography, anthropology, public health, nutrition, education, politics and government policy and other fields;

- f. Illustrates that doctors and health professionals may engage with health in a variety of ways, ranging from clinical medicine through to public health policy;
- g. Fosters a broader awareness of global trends in morbidity and mortality and the international health profile of nations;
- h. Equips students with skills to access reliable information on global health issues;
- i. Promotes culturally inclusive practice through an emphasis on cultural humility and pluralism [9]
- j. Specifically addresses topics and issues including;
 - a. Health systems and effective delivery of care despite limited resources, including: management, policy; organization; and the field of health economics;
 - b. The inextricable link between health and human rights;
 - c. The effect of discrimination due to gender, age, income, race, sexuality, disability, health, and religion in accessing equitable health;
 - d. Bioethics contextualised within, for instance, research ethics in underdeveloped settings, and student and professional conduct on international placements;
 - e. The effects of globalization on health. This must address:
 - i. The agenda for sustainable global development, including issues of good global governance and international agreements which work toward this goal;
 - ii. The impacts of climate change on human health and its inherent link to sustainable development. This should include the need for the international health community to actively engage in adaptation and mitigation efforts on a global scale;
 - f. The threat and growing burden of non-communicable diseases, specifically heart disease, diabetes, kidney disease, lung disease and cancer. The prevention and management of non-communicable diseases should be framed within the context of low and middle-income countries;
 - g. The persistent burden of communicable diseases and their biomedical basis, as well as aspects of past health campaigns put in place to deal with this burden that have worked and failed globally;
 - h. Refugee health in both in the international and local context. This should address the diverse nature of refugee populations, who may be displaced in detention centres or urban environments, due to the protracted nature of conflicts;
 - i. Immigrant health, emphasising the spectrum of diseases that a changing and dynamic population bring and are likely to bring domestically [7];

- j. Traveler's medicine to address the influx of diseases carried by travellers returning from developing regions abroad [7];
 - k. Indigenous health in Australia and in other countries. This should include the continuum of care from public health and primary prevention to chronic disease management. There should be a specific emphasis on the complex historical, social and cultural factors which underpin entrenched disadvantage and the significant disparity in health outcomes;
- 1. Australian Medical Schools to provide structured opportunities for students with a specific interest in Global Health that are above and beyond the minimum standard for all medical education mentioned above. This may include [9, 11];
 - a. Opportunities for involvement in international projects and exchanges;
 - b. Rotations and electives in developing world nations;
 - c. Rotations and electives which include an internship with a global health related organisation;
 - d. Optional course components, assignments or modules with the option of several fixed topics or optional elective modules;
 - e. Independent learning opportunities;
 - f. International health intercalated programs [5];
 - g. Support to be involved in approved third party Global Health education opportunity;
 - h. Intercalated honors year degrees (e.g. BSC/BMedSci) that combine a structured teaching around global health issues with a traditional research program;
 - i. Global Health mentoring projects;
 - j. Global Health scholarships and fellowships for research and training.
 - k. Evaluation of global health experiences at individual, program and impact levels that allows for improvement in programs [9]
- 2. Australian Medical Schools to facilitate the ongoing collection of data on Global Health content in medical curricula.
- 3. Australian Medical Schools to provide adequate support and supervision for educational activities conducted in an international setting to ensure the safety of students and patients and the accomplishment of learning objectives.

References

1. Labonte R, Mohindra K, Schrecker, T. The growing impact of globalization for health and public health practice. Annual Review of Public Health. 2011; 32: 263-83

2. Peluso MJ, Encandela J, Hafler JP, Margolis CZ. Guiding principles for the development of global health education curricula in undergraduate medical education. *Medical Teacher*. 2012; 34: 653-658
3. Bateman C, Baker T, Hoornenborg E, Erricsson U. Bringing global issues to medical teaching. *Lancet*. 2001; 358: 1539-1542.
4. Rowson M, Smith A, Hughes R, Johnson O, Maini A, Martin S, Martineau F, Miranda JJ, Pollit V, Wake R, Willott C, Yudkin JS. The evolution of global health teaching in undergraduate medical curricula. *Globalisation and Health*. 2012; 8:35
5. Fried LP, Bentley ME, Buekens P, Burke DS, Frenk JJ,, Klag MJ, Spencer HC. Global health is public health. *Lancet*. 2010 Feb 13. 375: 535-537.
6. Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, Wasserheit JN. Towards a common definition of global health. *Lancet*. 2009; 373: 1993–95.
7. Houpt ER, Pearson RD, Hall TL. Three Domains of Competency in Global Health Education: Recommendations for All Medical Students. *Academic Medicine*. 2007; 82: 222-225
8. *Declaration of Alma-Ata*, in *International Conference on Primary Health Care*. 1978: Alma Ata, USSR.
9. Peluso MJ, Encandela J, Hafler JP, Margolis CZ. Guiding principles for the development of global health education curricula in undergraduate medical education. *Medical Teacher*. 2012; 34: 653-658
10. Frenk, J, Moon S. 2013. Governance Challenges in Global Health. *New England Journal of Medicine*. 2013; 368, 936-942.
11. Drain PK, Primack A, Hunt DD, Fawzi WW, Holmes KK, Gardner P. Global Health in Medical Education: A Call for More Training and Opportunities. *Academic Medicine*. 2007;82:226-230.

Policy Details

Name: Global Health and the Medical Curriculum Policy

Category: G –Global Health

History: Adopted, Second Council 2013
Following a review and repeal of a similar policy adopted in 2010.