



# A Survey of Global Health Education in UK Medicine and Pharmacy Higher Education



**POLYGEIA**

STUDENTS SHAPING GLOBAL HEALTH POLICY



**GLOBAL  
HEALTH  
EXCHANGE**

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# 1 Executive Summary

## Background

With communities across the globe experiencing unprecedented interaction and integration, the necessity for global health education is more apparent than ever. In this context, there has been much recent work to begin establishing a global health education framework for those studying to become medical professionals. We propose that to achieve this framework, students themselves should be brought into the dialogue, to establish how this vital educational component can be taught in way which is both engaging and meaningful to them.

## Methods

Final year medical and pharmacy students from 15 UK institutions were surveyed for their opinions on the current global health content of their course. Data was collected via a questionnaire, and through in depth interview.

# Evaluation

There is a strong appetite amongst both pharmacy and medical students in the UK for more global health content in their degree. It is important to students that this content is interactive, engaging, and made relevant to their specialty. Students would like to understand the broader issues which impact on global health, such as politics, in addition to issues which directly relate to patients. Medical students report that electives abroad improved their competence to practice both in the UK and abroad.

## 2 Background

As our world becomes ever more tightly interconnected, increased cross-border movement of pathogens and people necessitates a more international perspective for UK healthcare workers.

Recent well-publicised disease outbreaks, such as the Ebola virus, highlight the importance of a healthcare community alert to international disease risks in addition to domestic ones. This need is amplified by high levels of migration, both of patients and medical professionals. An understanding of the influence of cultural, environmental, and genetic factors on disease is essential for clinical staff both working in multicultural communities in the UK, and abroad. Global health education permits contextualisation, enabling a better appreciation of issues which affect diverse patient communities. In a 2014 global health study, Canadian medical students attended a course where the challenges associated with the treatment of Human Immunodeficiency Virus (HIV) in developing countries were discussed.

The study authors report that medics in attendance were more willing to treat indigenous locals with HIV, in comparison to the control cohort ( $P < 0.03$ ) [1].

Indeed, medical professionals themselves recognise this need, and there has been increasing demand for global health training, across many clinical disciplines. The International Federation of medical students, representing 1.2 million medical students from 91 countries, has called for greater global health focus in the medical curriculum [2]. In addition, national bodies such as the GMC have called for greater engagement [3]. The Department of Health in its 'Health is Global' paper, and the Academy of Medical Royal Colleges acknowledge the value of the global health experience, and the untapped potential in the health service workforce for tackling global health issues [4, 5].

Global health education for students can be divided into three categories: compulsory teaching, to prepare all students for practice in their home country; optional teaching for undergraduates with a special interest in global health; and electives.

## 3 Methods

In this study, we have conducted an evaluation of final year students' perception of the global health education they receive during their University course. A number of specialties have been surveyed, including medicine and pharmacy. Questionnaires have been completed by students at 15 Universities, and additional in depth interviews have been conducted. This work focused on the compulsory teaching and electives carried out by students. To our knowledge this is the first UK-focused study for both specialties, which collates undergraduate students' perspectives on the Global Health content of their courses in a systematic manner. Further details of the study methodology can be found in the Appendix.

### The Study Cohort

Final year medical and pharmacy students from 15 UK institutions were surveyed for their opinions on the current global health content of their course. Data was collected via a questionnaire, and through in depth interview.



	Medicine	Pharmacy
No. of UK institutions who offer course	34	24
Universities contacted regarding study	34	24
Universities from whom data was collected	4	12
No. of students who participated in interview	3	2
No. of students who participated in study	48	35

Table 1 | Insttution participation in study

# 4 Results

## Compulsory Teaching

We find through the results of our questionnaire, that the vast majority of students (93%) feel that training as a healthcare professional should include compulsory content on Global Health. This demand is often not met for pharmacy students, with only 39% of students reporting that Global Health is currently included in the taught curriculum for their discipline, in contrast to 71% for medics. Students report that often Global Health is included throughout the course as a component of many modules. One student described how she felt that because global health was not part of the core curriculum, it was not viewed as a ‘critical hoop to jump through to pass exams’, and so was often in danger of being ‘pushed to the side’.

Students often report that aspects of health most directly related to patient health and care are well covered by the Global Health education they receive (Figure 1), whereas topics such as environmental change and development were less well covered. Overall, there were mixed feelings from students as to whether they felt that their course equips them with the skills and knowledge to practice their healthcare profession anywhere in the world.

One student explained that while a good array of case studies were provided throughout the course, she felt ill prepared for more practical aspects of practicing abroad – for instance understanding the different decision making process required for healthcare professional in an insurance-based system.

	Medicine	Pharmacy
Believe GHE should be compulsory	89%	97%
GHE currently part of the curriculum	71%	39%
Believe GHE prepares for practice abroad	44%	29%

Table 2 | Summary of compulsory teaching results

## Elective Placements

For all medical students questioned an elective placement was a part of their programme. No pharmacy students had the opportunity to take an elective as part of their undergraduate studies.

Elective locations were varied, with students often choosing to work in both more and less economically developed countries during their placement. Students reported that they were well supported by their University on matters such as selection of placement location and content, risk assessment and vaccination requirements, but that more support was warranted in other areas, particularly research skills. Students reported that their placements enhanced their clinical knowledge and skills, their ability to communicate and their awareness of social and cultural diversity. However, they noted that during placement only limited development of skills less directly related to patient care (for example research, quality improvement, or management skills) was achieved (Figure 2).

Students often expressed strongly that their elective had been a valuable aspect of their global health learning, one student described a new appreciation of their capability to be useful worldwide with the education they acquired in the UK, stating; ‘I am not bound to one country if I desire to help elsewhere’. Students were often surprised to learn that very different countries could face similar medical challenges, but also noted some key differences which resulted from the resource limited environment. Finally, students reported an increased appreciation of the barriers to health care; specifically the cultural, religious, social and economical barriers to health.

Students commented that post-elective group reflection was a helpful mechanism for them to process their experience. One medical student suggested that including a brief initial presentation on the structure of their elective's healthcare system would make discussion of the elective more pertinent.

## Students' Perspective on Effective Global Health Education Delivery

In contrast to current Global Health education delivery, which is most commonly during lectures, students often preferred interactive sessions, with 'good visuals and statistics with value'. A mixture of case study and debate was popular. They felt that the education provided should be relevant to their specialty, and demonstrate how those in their specialty can actively put their Global Health learning into practice once in a professional role. Students suggested that the purpose and importance of this subject should be highlighted at the beginning of the course to aid engagement with the topic.

Throughout this report, students have indicated that Global Health Education currently focuses on issues which most directly relate to patient care.

Some students suggested that a broader view should also be taken, for instance when discussing the barriers to health care in more developing countries, political issues should not be forgotten. In addition, students suggested the discussion of developments occurring in the healthcare systems of other countries that could benefit healthcare in the UK.

Although students felt that global health statistics were important, and needed to be covered slowly and thoroughly, the use of current examples of public health issues was described as important to provide context. One student recalled being particularly engaged during a discussion of the global impact of the Zika virus, and its relevance to local and global health structures. Another student described with much enthusiasm a lecture she had enjoyed on managing the rights of refugees and asylum seekers. It is apparent that when delivered effectively, global health education can be an engaging component of a healthcare students' degree.

Students often suggested that to bring in a speaker who has experienced the situation under discussion first hand would be an effective tool to invest students. They noted that for greatest effect, timing was important, and if placed too close to exam season in later years, students may struggle to fully engage because of other pressures.

Some students felt that more support could be given for completing placements in low income countries.

# 5 Conclusion

As found previously, there is a strong appetite amongst both pharmacy and medical students in the UK for more global health content in their degree. It is important to students that content is interactive, engaging, and made relevant to their specialty. Students would like to understand the broader issues which impact on global health, such as politics, in addition to issues which directly relate to patients. Medical students report that electives abroad improved their competence to practice both in the UK and abroad.

# References

- [1] Ibrahim, George M., et al. "Think global, act local: Medical students contextualize global health education." *Education for Health* 27.1 2014.
- [2] International Federation of Medical Students Association [IMFSA] (2010) Policy statement: global health and the medical curriculum. Available: <http://www.ifmsa.org/>. Accessed 29 September 2011.
- [3] General Medical Council. *Tomorrow's doctors: recommendations on undergraduate medical education*. London: GMC; 2009.
- [4] Department of Health. *Health is Global: A UK Government Strategy 2008–13*. London: Department of Health; 2008.
- [5] Time to go global: a consultation on global health competencies for postgraduate doctors *International Health* 2016
- [6] Missoni, Eduardo. "Understanding the impact of global trade liberalization on health systems pursuing universal health coverage." *Value in Health* 16.1 2013.



# Appendix

## Study recruitment methods

Six specialties were initially selected for the study; nursing, medicine, midwifery, pharmacy, physiotherapy and occupational therapy. UK University faculties offering an undergraduate course for each specialty were contacted through an email sent to at least two relevant staff members and, where possible, to student societies. In total 195 course faculties were contacted. University staff in turn circulated an email to the final year student body, advertising the opportunity to become a student ‘key contact’ in the study. Key contacts recruited students for interview, and circulated the online questionnaire to final year undergraduates in their specialty. Before questionnaires were sent out, they were verified by at least one final year student for each specialty.

We recommend that the authors of future studies choose the start date of their project with care – close to exam season (May-June) final year students may struggle to prioritise their commitment to the study. We believe this is the reason that we encountered difficulty in engaging students from four of the six specialties.

Moreover policies varied significantly with regards to ethical approval. Since the questionnaire was similar to many feedback forms collected internally by educational faculties and we were not storing any personal data, it was initially thought ethical approval would not be necessary.

However, after discussion with a research team from UCL conducting a comparable study directed towards educational faculties, it became clear that best practice will be to apply to a single university for ethical approval (despite the fact such research takes place across multiple university sites). Oxford Brookes University for instance replied to our enquiries with the following:

"Any research that involves OBU staff and students needs to be approved by the Chair of the University Research Ethics Committee before any recruitment advertisements are displayed."

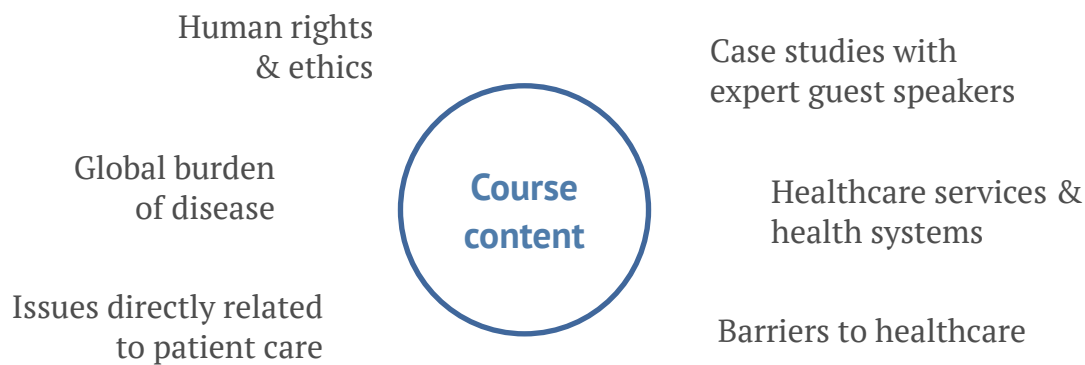
Guidance on this type of research is hard to come by; to the extent that one academic we contacted invited us to co-author an article making the case for more clarity on the issue.

## Summary

- Avoid exam season (May/June) for research involving students.
- Any research involving staff and students should request ethical approval.

## Next Step

This initial survey was ambitious in scope and yielded interesting findings, but these may not reflect the views on global health education from all UK-based institutions and healthcare specialties. A more complete and picture is demanded to inform national and international policy-makers. Thus, our next step is to conduct a UK-wide survey targeting at only one specialty, beginning with medicine. This new survey will be conducted online rather than in person, given the difficulties of our initial recruitment strategy and in line with other similar initiatives in medical education research in the UK. We hope that this initial step would serve as a springboard to more broadly inform future research in other specialties.

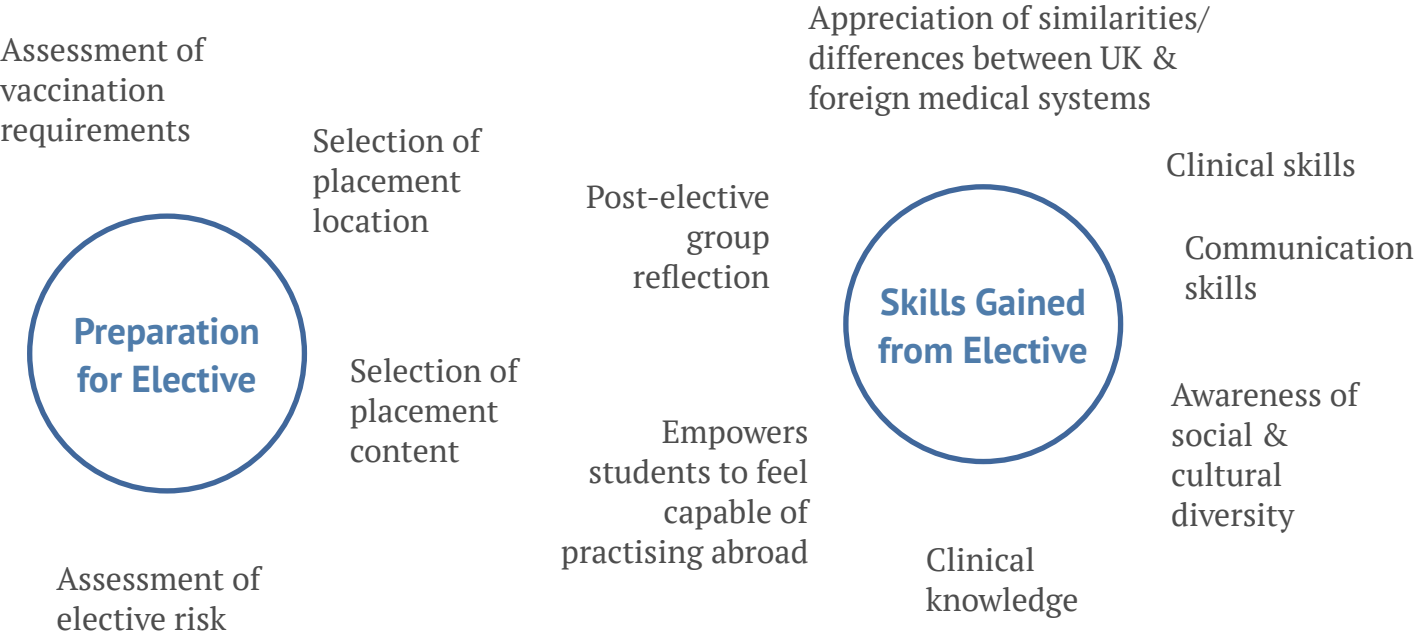


Areas well-covered in the curriculum

Global Health Curriculum Coverage

Suggested areas for improvement





Well-supported by universities

Elective

Suggested areas for improvement

