

Postgraduate medical training no longer sufficiently prepares UK doctors for the challenges of the 21st century. In 2010, an Independent Commission on the Education of Health Professionals, published in *The Lancet*, described a 'mismatch between present professional competencies and the requirements of an increasingly interdependent world'.¹ Globalisation, fuelled by a technological revolution and the subsequent mushrooming of social connectivity, affects all sectors of society and hence also each interaction in our consulting room. The recent RCGP conference on Global General Practice is a reflection of the increasingly high profile of global health issues. However, these issues fail to feature adequately in the current postgraduate training curricula of UK doctors.²

WHAT IS GLOBAL HEALTH

The meaning of 'global health' has been subject to debate. It has a broad scope, yet can be defined by the basic principle of 'improving health and achieving equity in health for all people worldwide'.³

A Global Health Learning Outcome Working Group, consisting of UK academics, medical students and representatives of civil society with expertise in global health and medical education, determined that global health learning outcomes should cover the following areas:⁴

- global burden of disease;
- socioeconomic and environmental determinants of health;
- health systems;
- global health governance;
- human rights and ethics; and
- cultural diversity and health.

WHY IS GLOBAL HEALTH IMPORTANT TO UK GPs?

Some may question why global health is important to GPs who only practice in a UK setting. However, in our evermore interconnected world of the 21st century, global health becomes local health. UK society is becoming increasingly multicultural; in the 2011 UK census only four in five responders described themselves as 'white British', with this group for the first time representing less than

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half the population in London.⁵ Most GPs will therefore see a cross-section of world citizens in their consulting rooms, and will form part of a workforce that reflects the diversity of wider society. They will require a global awareness to effectively provide health care in our increasingly ethnically mixed society.

GPs of the future also need the skills to be effective healthcare leaders, with a broader focus to include whole population health, as outlined in the recent case for enhanced GP training.⁶ This requires them to understand the key drivers of ill health and health inequalities, and know how to address these. As healthcare commissioners, a wider understanding of alternative healthcare systems will enable better-informed decision making in the face of healthcare reforms.

Furthermore, health professionals, and perhaps in particular GPs, have a role as advocates for health. Therefore we have an ethical obligation to understand and engage with issues of globalisation due to its potential impact on health. While in the UK we currently enjoy many benefits of living in a globalised world (such as ease of communication, trained healthcare workers coming to work in the UK, and access to cheap generic drugs) this same world can have a negative impact on population health; in other countries, even if not our own. Such negative consequences include the 'brain drain', political and economic instability, social inequalities, and climate change.

Finally, people travel and diseases move

beyond national borders more rapidly than ever before. UK doctors therefore need to be aware of global trends in disease, for example in the management of new pandemics such as H1N1 influenza (swine flu), as well as established global diseases such as HIV and tuberculosis. They also need to understand the factors involved in the new global epidemic of non-communicable diseases, such as diabetes, cancer, and heart disease, and the importance of primary care in both managing this problem and advocating for patients.

STRENGTHENING GLOBAL HEALTH IN GP EDUCATION

Within the UK undergraduate medical curriculum the updated General Medical Council's *Tomorrow's Doctors* now includes the learning outcome: 'Discuss from a global perspective the determinants of health and disease and variations in healthcare delivery and medical practice'.⁷ Many medical schools go further, offering special study modules and intercalated Bachelor of Science degrees in international or global health. At a postgraduate level, global health education and international activities have been recognised as providing both personal and professional learning for individual doctors, and also benefits to the NHS as a whole.⁸ The importance of global health education for family physicians has been recognised by the American Academy of Family Physicians with publication of recommended curriculum guidelines for family medicine residents.⁹ The extent of

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the political capital given to this issue in the UK was highlighted at the House of Lords on 20 December 2010, when a debate led by Lord Crisp challenged the government on how they will ensure that the subject of global health is included in the education of all health professionals.¹⁰

We believe that the successful establishment of global health education in the UK undergraduate curriculum needs to be built on and replicated in postgraduate training. Global health should be embedded in the foundations of the GP curriculum to ensure that all associates in training (AiTs) gain basic competencies in this area. For those who wish to pursue a specialist interest in global health, a model for a national curriculum and tiered qualifications in global health have been proposed, to complement the UK specialist training pathways, incorporating pre-existing qualification programmes such as masters, diplomas and certificates in global health.¹¹

In the UK, one opportunity to include global health competencies in GP training, and allow pursuit of a special interest in global health, comes through the proposed implementation of enhanced GP training (EGPT), which aims to develop skills and knowledge that are relevant to global health. However, the introduction of global health competencies should not be contingent upon EGPT.

IMPLICATIONS BEYOND GP TRAINING

The traditional model of general practice is founded on the doctor–patient relationship. This has evolved and broadened to include the multidisciplinary primary care team, all working within the context of the patient and their community. Taking a global perspective requires a further paradigm shift to incorporate global forces and how these affect the local community. This adds an important new dimension to the nature of professionalism: a duty for health professionals to think beyond their geographical and cultural boundaries. At a deeper level this global health perspective is essential for truly holistic care; to view the whole patient we need to understand the global context within which we are all embedded. This is not only relevant to AiTs, but to all GPs, healthcare professionals and, in fact, citizens, both in the UK and beyond.

The integration of global health into postgraduate curricula therefore transcends traditional boundaries between specialties and geographical barriers. International and cross-

specialty collaborations could therefore be developed to generate global health competencies that prepare clinicians for health care in the 21st century.

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REFERENCES

1. Frenk J, Chen L, Bhutta Z, *et al*. Health professionals for a new century: transforming education to strengthen health systems in an independent world. *Lancet* 2010; **376**(9756): 1923–1958.
2. Hall J, Brown CS, Pettigrew L, *et al*. Global health in UK postgraduate medical training. *Lancet* 2012; **380**(9843): 728–729.
3. Koplan JP, Bond TC, Merson MH, *et al*. Towards a common definition of global health. *Lancet* 2009; **373**: 1993–1995.
4. Johnson O, Bailey SL, Willott C, *et al*. Global health learning outcomes for medical students in the UK. *Lancet* 2011; **379**(9831): 2033–2035.
5. Office for National Statistics. 2011 Census Data. <http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/rpt-ethnicity.html#tab-Ethnicity-across-the-English-regions-and-Wales> [accessed 8 Apr 2013].
6. Royal College of General Practitioners. *Preparing the future GP: the case for enhanced GP training*. 2012. http://www.rcgp.org.uk/policy/rcgp-policy-areas/-/media/Files/Policy/A-Z%20policy/Case_for_enhanced_GP_training.ashx [accessed 28 Mar 2013].
7. General Medical Council. *Tomorrow's Doctors: Outcomes 1 – The doctor as a scholar and a scientist*. 2009. http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009_outcomes1.asp [accessed 28 Mar 2013].
8. Tropical Health & Education Trust. *The Framework for NHS involvement in International Development*. 2010. <http://www.thet.org/hps/resources/publications/the-framework-for-nhs-involvement-in-international-development> [accessed 8 Apr 2013].
9. American Academy of Family Physicians. *Recommended Curriculum Guidelines for Family Medicine Residents*. <http://www.aafp.org/cg> [accessed 28 Mar 2013].
10. House of Lords. *Table of contents for Monday 20 December 2010 – NHS: global health. Question for short debate*. 2010. <http://www.publications.parliament.uk/pa/ld201011/ldhansrd/text/101220-0002.htm#10122019000667> [accessed 28 Mar 2013].
11. Brown C, Martineau F, Spry E, Yudkin JS. Postgraduate training in global health: ensuring UK doctors can contribute to health in resource-poor countries. *Clin Med* 2011; **11**(5): 456–460.