

## Policy Document

# Global Health and the Medical Curriculum

### Position Statement

The domain of global health continues to evolve and grow, reflecting the fluid transnational state of health issues, determinants and solutions that our world faces. In turn, the medical curriculum must reflect this new definition in order to ready students for the challenges ahead, working to achieve the Alma Ata Declaration's goal of health for all.

The Australian Medical Students' Association (AMSA) therefore believes that global health curricula at Australian medical universities should be at minimum:

1. Evidence-based, integrated and both knowledge and skills based;
2. Regularly reviewed by both students, universities and assessed consistently by the Australian Medical Council (AMC);
3. Capable of producing global health-minded practitioners who are proficient in managing the health of patients and communities in a global setting;
4. Enriched by additional optional educational opportunities.

### Policy

AMSA calls upon:

1. Australian medical universities to:
  - a. Recognise teaching global health skills and knowledge as being essential to producing well-rounded medical practitioners;
  - b. Define and teach global health as a collaborative field of practice and research with the goals of improving health and achieving health equity worldwide, and not simply as "international health";
  - c. Embed a 'transformative' global health focus across themes and year levels and into the currently existing models of clinical and community medicine teaching;
  - d. Ensure global health teaching incorporates, at a minimum, the following broad, overarching areas:
    - i. Diversity, human rights and ethics;
    - ii. Environmental, social and economic determinants of health;
    - iii. Global epidemiology and healthcare disparities between countries;
    - iv. Global health governance (like the SDGs), health systems and health professionals; and
    - v. The global burden of disease.
  - e. Teach students skills in areas such as:
    - i. Communication, collaboration, advocacy and leadership;
    - ii. Application of equity, ethics, professionalism, and human rights;
    - iii. Cultural sensitivity and inclusivity;
    - iv. Strategic analysis and program management; and

Head Office  
42 Macquarie Street,  
Barton ACT 2600

Postal Address  
PO Box 6099  
Kingston ACT 2604

ABN 67 079 544 513

Email [info@amsa.org.au](mailto:info@amsa.org.au)  
Web [www.amsa.org.au](http://www.amsa.org.au)  
Twitter [@yourAMSA](https://twitter.com/yourAMSA)

- v. Research competence.
  - f. Incorporate evidence-based pedagogical techniques when teaching global health and revising such techniques in line with the latest research;
  - g. Support students to participate in global health through appropriate elective and other educational opportunities, leave allowances, relevant training and equitable financial support (including but not limited to scholarships and grants) including:
    - i. Rotations and electives in overseas healthcare settings as well as internships and fellowships with global health organisations in accordance with AMSA's Overseas Medical Placements Policy;
    - ii. Placements and electives with organisations which work in the global health space domestically (such as migrant support agencies);
    - iii. Optional course components, assignments, or modules in global health;
    - iv. Approved third party global health education opportunities like those conducted by AMSA Global Health and IFMSA; and
    - v. Intercalated degrees (e.g. BSc, BMedSc, MPH) that combine structured teaching around global health issues with a traditional research program.
  - h. Conduct research into the role of international medical electives and other global health opportunities in the medical curricula to add to the limited research currently;
  - i. Create exposure and promote career opportunities within the global health fields;
  - j. Seek student feedback at an individual and representative level (including from organisations like AMSA Global Health) on both the content and pedagogy of the global health curriculum;
  - k. Regularly review the global health curriculum (including optional placements and electives) to ensure it is kept up to date with best practice and is conscious of modern issues and sensitivities and changing competencies required of future medical practitioners.
2. The Australian Medical Council to:
- a. Recognise in the AMC requirements that global health is a collaborative field of practice and research with the goals to improve health and achieve health equity worldwide;
  - b. Conduct more comprehensive assessment of universities' global health curricula under the AMC requirements to ensure that every curriculum is equipping students with sufficient knowledge and skills in Global Health which have been detailed in 1d-e.
3. AMSA Global Health to:
- a. Conduct a comprehensive review of current global health curricula to assist in further advocacy for global health curriculum improvement;
  - b. Encourage students to participate in global health opportunities related to advocacy and research in conjunction with AMSA International and other organisations where appropriate;
  - c. Continue providing opportunities for students to engage with global health;

- d. Create and promote more global health educational resources to medical students.
4. Australian medical students to:
    - a. Recognise the importance of global health in medical practice;
    - b. Make themselves aware of the diversity of patients and their experiences, and how this affects their ability to access healthcare;
    - c. Actively partake in opportunities provided to them which seek to broaden their understanding of global health;
    - d. Provide detailed and relevant feedback to their universities and lecturers that allows for improvement and update of their global health curriculum.

## Background

### Definition of Global Health

Global crises such as the COVID-19 pandemic and the climate emergency have shown us that responding to complex trans-national health problems requires today's doctors to approach patients or populations as a collective. These issues are all grouped under the umbrella term of "global health". Though the concept of global health has gained greater popularity recently, it is often ill-defined and therefore only partially explored [1]. For this policy, global health is defined as collaborative trans-national research and action to improve health and achieve health equity worldwide [2]. It is both a field of study and practice that helps us understand the causes of the challenges and disparities in health across the globe, then allowing us to find the means to provide solutions [3]. It draws on the Alma Ata Declaration (1978), which enshrines the centrality of "health for all" as a human right. Indeed, health is defined here as a positive state of well-being dependent on social, cultural, environmental, economic and political determinants. The Alma Ata Declaration also proposes that "good health for all will advance social and economic development and world peace" [4]. This last point takes global health farther than its predecessor 'international health' - which purely considers public health at a global scale - instead focusing on social accountability and topics of global significance [5]. These topics are multidimensional and interconnected but the UN attempts to classify the most important into 20 Social Development Goals (SDGs) [Appendix D].

Considering this definition of global health, doctors can remain local practitioners yet be global clinicians as socially accountable leaders and advocates for vulnerable populations worldwide. This will help them provide socioculturally capable care for a diverse patient population and understand the potential global drivers of their local health risks and outcomes. The medical curriculum therefore needs to go beyond a mere overview of global health issues and instead integrate global health at every level to prepare students for the world they will work in [6].

### Global Health Curriculum

The Australian Medical Council Accreditation Standards for medical degrees includes a "Health Society" domain [Appendix A], detailing the competencies in health advocacy that Australian medical graduates are expected to demonstrate [7]. This includes being able to "demonstrate an understanding of global health issues and determinants of health and disease including their relevance to health care delivery in Australia and New Zealand and the broader Western Pacific region" [7].

While the importance of global health incorporation into medical curricula has been acknowledged, there is a lack of consensus on what should be taught under the banner of global health. Literature reviews by Battat et al (2010) and Sawleshwarkar et al (2017) compiled competencies and educational approaches [Appendix B & C]

undertaken at medical schools in the developed world, including Australia, the USA and Europe. Commonly mentioned competencies included knowledge-based outcomes such as understanding healthcare disparities between countries, the global burden of disease, and skill-based outcomes such as strategic analysis, program management and research competence [8, 9]. This extends to soft skills such as communication, collaboration and leadership, as well as an understanding of equity, ethics, professionalism, and human rights. Further, S.C. Walpole et al (2016) identified 5 core global health areas doctors should be competent in:

- Diversity (which includes but is not limited to cultural, socioeconomic and sexual), human rights and ethics;
- Environmental, social and economic determinants of health;
- Global epidemiology;
- Global health governance and
- Health systems and health professionals [10].

Among studies, it is noted that the impact of globalisation on health and medicine is a common theme, as it is this growing interconnectedness of health systems and people brought by globalisation that have led to the rise in global health teaching [11,12,13].

To create robust global health teaching relevant to the present, the global health syllabus must also be able to evolve and adapt to the ever-changing medical landscape and future doctor needs. Emerging topics such as, but not limited to: neglected tropical diseases, global surgeries, climate change, gender equity and reproductive health have not been sufficiently covered in the past but need to be [14, 15].

Global health governance teaching would be deficient without mentioning the Sustainable Development Goals (SDGs) [Appendix D], one of the largest and most consequential initiatives undertaken. A ratified UN agenda, it contains 169 targets split into 17 global goals and is the blueprint of humanity's efforts to create a better world, delving into many aspects of society such as environmental sustainability, poverty, gender equality and health [16]. As stated by Aftab et al., national development agendas and institutions are becoming more aligned with the SDGs, and many non-governmental organisations (NGOs) that work within global health are also engaged in working towards these goals [17, 18]. The targets and indicators incorporated into the SDGs have also made it a useful tool in determining the state of progress made [19]. Due to the interconnectedness of the determinants of health and how ubiquitous the SDGs are, it is integral for this to be taught within the global health curriculum.

## **Global Health Curriculum Delivery**

### The Current State of Global Health Education

As mentioned above, Australian medical universities' global health curricula must comply with the requirements set out by AMC's Domain 3 of "Health and Society" [7]. However, how universities choose to fulfill the requirements set out in Domain 3 is largely unregulated. During the last 10 years, a number of universities have recognised the need to evolve the way global health is taught. Specifically, there has been a recognition that solely didactic, lecture-driven content delivery is not the most effective method for global health teaching [21]. Instead, more collaborative curricula incorporating features of group learning and immersive learning through international placements have begun to be implemented by faculties with largely positive student reviews [22, 23]. The changes to the global health curriculum varies widely from university to university, with available data limited to journal articles exploring curriculum delivery and student satisfaction published by educators at the universities themselves [24]. While several universities have recognised the need for curriculum

evolution and have implemented this to varying degrees, it is difficult to determine the full extent of global health education across all 21 Australian medical programs. Data from sources like AMC accreditation reports, which covers all Australian medical schools, contain little detailed information on the nature of global health education [25].

A survey conducted in 2019 by AMSA Global Health into refugee health in the curriculum found a large degree of variation of topics taught at Australia's medical universities. While not covering the full range of global health topics, it was interesting to note only 36 respondents (56.25%) had received teaching regarding health advocacy in relation to any issue so far in their medical degree and 81% reported receiving little to no teaching on refugee health. In fact, 83% would have liked to receive more education in the area of refugee health. More traditional topics like the "social determinants of health" (100%), "encouraging patients to adopt healthy behaviours" (85.9%), "health promotion" (79.7%) and "preventative healthcare" (89.1%) appeared to be taught more comprehensively across medical schools. Despite the absence of better information, this survey highlights that current curricula may only be covering the most basic of global health knowledge and that the incorporation of more in depth topics varies widely between universities [26].

### Global Health Pedagogy

To ensure that global health teaching is effective in equipping Australian medical students to face global health challenges, curriculum must be delivered in an effective manner. In order to do so, Murdoch-Eaton et al. (2011) outline three pedagogic approaches which can be used by medical schools to deliver effective global health teaching: 'additive', whereby global health teaching is an optional addition to main curriculum, 'integrated', where teaching is embedded into the mainstream curriculum, and 'transformative', in which teaching is embedded throughout the curriculum but with an emphasis on the learning process [12]. Whilst the 'additive' approach provides an easy means of teaching global health without drastically impacting basic program structure and is believed to reflect common current practice, some research has shown that the 'transformative' approach proves most effective in allowing students to undertake a holistic global health experience as it encourages students to actively engage in and take ownership of their learning outcomes, hence achieving 'praxis' [27].

Furthermore, a number of methods can be used and combined in order to deliver global health content. These include, but are not limited to use of:

- Problem/case-based studies that are culturally sensitive and feature a diverse range of characters [28];
- Intensive courses with clear learning outcomes and content [28]; and
- Online learning modules [28], such as the AMSA Academy on global health and pre-departure training

Finally, in order to determine the efficacy of both the curriculum and its delivery method, it is vital that student evaluation and review of curriculum occur routinely. These may be completed by medical schools, or in conjunction with student organisations such as AMSA Global Health in the form of surveys and reports. In the process of review students may be asked to self-reflect on learnings after undertaking global health studies through questionnaires and interviews (self-assessment), or may instead be observed naturally by a member of staff to evaluate whether skills have been acquired (external/expert evaluation) [29]. These results can be used to compare and contrast standards of global health teaching, to better inform which strategies are the most effective.

### International Medical Electives and Other Global health Opportunities



Beyond the core curriculum delivered within medical schools, other avenues exist for medical students to engage with global health in the form of placement, research or advocacy experiences abroad and domestically in both clinical and non-clinical settings.

In the context of increased efforts to incorporate global health into Australian medical school curricula, a significant proportion of medical students are choosing to undertake International Medical Electives (IMEs). It was found that 49.7% of commencing and graduated students in Australian medical school both across high school entry and graduate entry programs participated in IMEs, many of which are in under resourced countries [30]. Medical students that choose to participate in electives overseas experience many benefits accrued in the way of clinical skills and knowledge as students also have more opportunities to practice in an under-resourced area where a wider range of diseases are endemic than in their country of origin [31]. Exposure to a community with an entirely different value system and health system helps these medical students to develop cultural sensitivity and an appreciation of different health services and policies in other communities [32]. The time spent in these diverse communities also fosters a sense of social accountability in medical students that is conducive to them working with underserved communities in their home country and abroad in the future to assist in efforts to provide equitable access to healthcare [32, 33].

Yet, the evidence to support the role of IMEs and their integration into medical curricula is inconclusive. Failure to contextualise the elective environment's culture, history and climate combined with a lack of definition of learning outcomes often reduces students' perception of IMEs to a touristic experience [32]. Potential harms are also foreseeable to both the students and the host institutions in IMEs [34]. Students are exposed to health risks of disease transmission, needlestick injuries and other problems [35]. The communities are subject to potentially compromised patient care from medical students and costs incurred by institutions due to additional consumption of resources [36]. As such, as long as IMEs continue to be the choice of electives for medical students, appropriate pre-departure training and supervision is necessary for medical students to safely and ethically embark on overseas placements as rationalised in the AMSA Overseas Medical Placement Policy [36].

In addition to clinical training overseas, international research is another opportunity for medical students to heighten their awareness surrounding global health issues despite the limited research in this area. Organisations such as the International Federation of Medical Students Association (IFMSA) provide avenues for students through research exchange projects conducted in different countries, while scholarships and fellowships are on offer to medical students to pursue this interest [31, 37].

Increasingly recognised as central to medical professionalism, advocacy is also a core competency requiring formal training for medical students and even practising physicians [38]. A number of opportunities exist for medical students such as internship programmes with the World Health Organisation and attending United Nations' high level meetings as a delegate that provide valuable insight into collaborative advocacy work.

Ultimately, a global health medical curriculum supplemented by a diverse range of global health opportunities will ensure future doctors are well equipped both theoretically and practically to be effective global health practitioners and advocates. Importantly, IMEs are only effective if delivered alongside a medical curricula embedded with global health teaching and with appropriate supervision before, during and after the elective [39]. Therefore, it is understood that IMEs are not the mainstay of global health teaching and other opportunities exist to provide students practical and research experience. The aim is for medical students to be educated holistically about the healthcare disparities in different parts of the world, develop skills valuable

to addressing inequities in health outcomes globally, and be able to apply this to their local community and practice.

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## Appendices

### Appendix A: AMC Accreditation Standards for Primary Medical Education Providers and their Program of Study and Graduate Outcome Statements

#### Domain 3

#### *Health and Society: the medical graduate as a health advocate*

On entry to professional practice, Australian and New Zealand graduates are able to:

- 3.1 Accept responsibility to protect and advance the health and wellbeing of individuals, communities and populations.
- 3.2 Explain factors that contribute to the health, illness, disease and success of treatment of populations, including issues relating to health inequities and inequalities, diversity of cultural, spiritual and community values, and socio-economic and physical environment factors.
- 3.3 Communicate effectively in wider roles including health advocacy, teaching, assessing and appraising.
- 3.4 Understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. Demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori.
- 3.5 Explain and evaluate common population health screening and prevention approaches, including the use of technology for surveillance and monitoring of the health status of populations. Explain environmental and lifestyle health risks and advocate for healthy lifestyle choices.
- 3.6 Describe a systems approach to improving the quality and safety of health care.
- 3.7 Understand and describe the roles and relationships between health agencies and services, and explain the principles of efficient and equitable allocation of finite resources, to meet individual, community and national health needs.
- 3.8 Describe the attributes of the national systems of health care including those that pertain to the health care of Aboriginal and Torres Strait Islander peoples and/or Maori.
- 3.9 Demonstrate an understanding of global health issues and determinants of health and disease including their relevance to health care delivery in Australia and New Zealand and the broader Western Pacific region.

### Appendix B: Global Health Competencies (Battat et al, 2020)

Competency	Competency Type	% a	Methods of Implementation
Skills to better interface with different populations, cultures and healthcare systems [18, 19, 26, 28, 29]	Knowledge and Behaviour	15.6	<ul style="list-style-type: none"><li>• Achieve meaningful community activities: experience working with at least 1 refugee family at a shelter for newly arriving refugee.</li><li>• Lunch time seminars from faculty member or guest speakers</li></ul>

			<p>with experience in medicine abroad</p> <ul style="list-style-type: none"> <li>• International health elective in fourth year</li> <li>• Workshop in cross-cultural communication: sensitize students to cultural differences that influence communication, teach how to use translators by interviewing standardized patients portraying cross-cultural scenarios.</li> </ul>
An understanding of immigrant health [7, 25, 29]	Knowledge and Behaviour	9.4	<ul style="list-style-type: none"> <li>• Internet-based training module focusing on refugees' experiences</li> <li>• Self-assessment quiz focused on global and refugee health</li> <li>• Cultural sensitivity workshop provided by medical faculty with expertise in refugee health.</li> </ul>
Primary care within diverse cultural settings [24, 26, 29]	Physical exam/Clinical skills	9.4	<ul style="list-style-type: none"> <li>• 4-8 weeks resident rotations</li> <li>• Second or third-year internal medicine residents; 3 clinical rotations in the affiliated medical center of the host country</li> <li>• Community activities: working with refugee families at a refugee shelter</li> </ul>
Understand healthcare disparities between countries [17, 26]	Knowledge	6.3	<ul style="list-style-type: none"> <li>• Work with patients and healthcare professionals in international locations</li> </ul>
An understanding of the burden of global disease [7, 25]	Knowledge	6.3	<ul style="list-style-type: none"> <li>• Teaching about world health reports and Disability-Adjusted Life Years (DALYs)</li> </ul>
An understanding of travel medicine [7, 25]	Knowledge	6.3	Not described
Develop a sense of social responsibility [24]	Knowledge and Behaviour	3.1	<ul style="list-style-type: none"> <li>• 4-8 weeks resident rotations</li> <li>• Second or third-year residents in the internal medicine training programs.</li> <li>• Emphasis: clinical rotations in the affiliated medical centre of the host country.</li> </ul>
Appreciate contrasts in healthcare delivery systems and expectations [17]	Knowledge	3.1	<ul style="list-style-type: none"> <li>• Work with patients and healthcare professionals in international locations.</li> </ul>
Humanism [10]	Knowledge and Behaviour	3.1	Not described
Scientific and societal consequences of global change [27]	Knowledge	3.1	Not described
Evolving global governance issues [27]	Knowledge	3.1	Not described

Cost of global environmental change [27]	Knowledge	3.1	Not described
Taking adequate patient histories and physical examinations in resource poor settings [10]	Physical exam/Clinical skills	3.1	Not described
Cost-consciousness; using physical diagnosis without high technologic support [24]	Clinical skills	3.1	Not described

### Appendix C: Global Health Competencies (Sawleshwarkar & Negin, 2017)

Competency domain	Knowledge (K), skill (S), and attitude (A)	Key elements of the competency domain
Domain 1: Global Burden of Disease	K	<ul style="list-style-type: none"> <li>• Basic understanding of burden of disease in all setting—high, middle, and low-income including magnitude, distribution, and variations.</li> <li>• Ability to use available data to validate the health status of the population</li> </ul>
Domain 2: Globalization of Health and Health Care	K	<ul style="list-style-type: none"> <li>• Understanding of different health systems along with understanding of global health-care trends, human resources for health, and role of multiple stakeholders in planning and delivery health services.</li> <li>• Understanding influence of globalization on health and be cognizant of linkages between local and global health</li> </ul>
Domain 3: Social, Economic, and Environmental Determinants of Health	K	<ul style="list-style-type: none"> <li>• Understand social, economic, and environmental factors as determinants of population health.</li> <li>• Key determinants of health and their impact on access to and quality of health services in different contexts and apply it to policy development and problem analysis</li> </ul>
Domain 4: Capacity Strengthening	K, S, and A	<ul style="list-style-type: none"> <li>• Sharing of knowledge, skills, and resources to enhance public health programs to build human resource capacity and improve infrastructure.</li> <li>• Strengthen community capabilities, build community partnerships, and with community integration improve health of individuals and communities.</li> <li>• Analyze the economic, social, political, and academic conditions and address</li> </ul>

barriers to produce a strong health workforce

Domain 5: Ethics and Professionalism K, S, and A

- Understanding of and an ability to resolve common ethical issues and challenges that arise when working within diverse economic, political, and cultural settings to address global health issues.
- Evaluation and application of international standards and public health ethical frameworks in these settings.
- Demonstrate integrity, regard, and respect for others in all aspects of professional practice and optimize the potential of one's scope of practice within the context of a team

Domain 6: Communication, Collaboration, and Partnering S and A

- Effectively communicate ideas about health and well-being to other professions, community leaders, and the general public.
- Communication skills including negotiation, mentoring, conflict resolution, advocacy, and liaison.
- Multidisciplinary teamwork and team building and working in close collaboration with local institutions to design, manage, and evaluate programs in developing countries

Domain 7: Health Equity and Social Justice K and S

- Apply social justice and human rights principles in addressing global health problems.
- Demonstrate commitment to global equity, social justice, and sustainable development

Domain 8: Program Management K and S

- Design, implement, and evaluate global health program to improve health of individuals and populations in a sustainable manner.
- Apply project management techniques throughout program planning, implementation, and evaluation.
- Ability to develop and establish relationships and reach collaborative agreements that are mutually beneficial in order to achieve program objectives

Domain 9: Sociocultural and Political Awareness S and A

- Ability to work effectively within diverse cultural settings and across local, regional, national, and international political landscapes.
- Being "Political savvy"—understand historical and present north-south power dynamics and social and political contexts



Domain 10: Strategic Analysis S

- To conduct situational analysis and bring systems thinking and determinants-of-health and population health perspective to analyze a diverse range of complex and interrelated factors to develop context-specific intervention to improve global health issues

Domain 11: Research Competence S and A

- Core public health research skills to incorporate qualitative, quantitative, and operations research skills to design and apply reliable, valid, and ethically sound research to identify innovative solutions for global health problems.
- Additional specific global health research competencies include identification of actionable determinants, involving communities, partnering with local institutions, and respecting cultural diversity.
- Translating research to policy and programs

## Appendix D: The United Nations Sustainable Development Goals



### Policy Details

**Name:** Global Health and the Medical Curriculum

**Category:** B – Medical Education

**History:** Reviewed, Council 1, 2021  
Ashraf Docrat, Angelyn Neoh, Davina Daudu, Leon Latt, Alan Lin, Jade Guitera, Fergus Stafford (Policy Officer)  
Reviewed, Council 3, 2017  
J. Thomson, J. Hoey, O. Chang, L. Leung, C Mich, A. Mehendale, P. Walker, P. Macintosh-Evans (Policy Officer)  
Adopted, 2013