

ROYAL COLLEGE OF GENERAL PRACTITIONERS

		<u>REF:</u>	<u>ITEM</u>
	A Core Curriculum for Learning About Health Inequalities in UK Undergraduate Medicine	x/xxx	xx
<u>CATEGORY</u> For INFORMATION	<u>EXECUTIVE SUMMARY</u> This paper is the result of collaboration between the Health Inequalities Standing Group and the Institute for Health Equity at UCL. We conducted a modified Delphi exercise of medical educators in the UK to reach experienced consensus on the core Intended Learning Outcomes (ILOs) for learning about health inequalities for UK medical schools.		
<u>SCOPE</u> UK	In addition to this the paper outlines the steps we took to conduct the work, additional ILOs suggested for students who might wish to learn more about health inequalities and describes examples of existing good practice.		
<u>LEAD OFFICER(S)</u>	<u>PATIENT INVOLVEMENT / IMPLICATIONS</u> No implications identified		
<u>LEAD DIRECTOR</u>	<u>RESOURCE IMPLICATIONS</u> No resource implications identified.		
<u>AUTHOR(S) :</u> Dr Andrea Williamson Dr Richard Ayres	<u>RECOMMENDATION</u> 1. This report will be disseminated to all UK medical schools and key stakeholders (Colleges, GMC, BMA) 2. The ILOs will be presented at ASME, RCGP national conference 2013 and a paper will be submitted for peer reviewed publication		

Why did we do this project?

Inequalities in health remain persistent and pervasive and we know that health services still are often not targeted at those who need them most^{1,2}. Whilst the Marmot review has drawn attention to the need for doctors to engage with the underlying social determinants of health,³ the Royal Colleges of General Practitioners and the Royal College of Physicians have published reports on the role of doctors in reducing inequalities^{4,5} and the Academy of Medical Royal Colleges has published a consensus document on a health inequalities curriculum for postgraduate specialist training⁶. However no such consensus exists for undergraduate education so this project sought to fill this gap.

Who was involved?

The project was led by the Royal College of General Practitioners (RCGP) Health Inequalities Standing Group (HISG) which has a remit to tackle health inequalities through influencing policy and practice. One of its strategic aims is a focus on undergraduate medical education. The project was supported by the Institute for Health Equity which works collaboratively with a range of partners who are working to tackle health inequalities.

What was the aim of the project?

Our aim was to produce guidance based on experienced consensus. Guidance that medical educators working in UK medical schools would find useful in helping develop teaching and learning about health inequalities in their unique medical school and geographical contexts.

We started with these 2 questions which informed the project's development:

What are the **core competencies** we wish new UK medical graduates to have so that they are equipped for working as an FY1 doctor and for life long learning?

What are the knowledge, skills and attributes that UK medical *students interested in learning more* about health inequalities could cover?

How did we go about answering these questions?

Step 1: A starter list of intended learning outcomes (ILO's) mapped to Tomorrows Doctors 2009 (GMC) were compiled by AEW and RA, clinical undergraduate medical educators with an interest in tackling health inequalities and the teaching leads on HISG.

Step 2: The starter ILO's were pre-circulated, discussed and developed further at a HISG meeting in April 2012. Twelve GPs, 4 of whom are medical educators and one medical student representative from the student organisation Medsin contributed.

Step 3: A modified Delphi poll⁷ of medical educators across each of the 32 medical schools in the UK and 20 stakeholder organisations (Royal Colleges, BMA, GMC) was conducted in December 2012/January 2013 using teaching network contacts and snow ball sampling⁸. Eight heads of schools were contacted directly because we could not identify colleagues with an interest in health inequalities in their medical school. We made contact by email using 2 reminders if necessary with a request to complete a short online survey monkey. Respondents were asked to review the starter ILO list, suggest further core ILOs, make suggestions for additional ILOS and give examples of current practice in teaching. Twenty

one individuals completed the survey representing 19 UK medical schools and no stakeholder organisations. Responses were collated by AEW.

Step 4: Respondents to the first round were contacted to take part in a second Delphi round in March/April 2013. They were asked to review the collated responses from round 1 and reach consensus on them by voting 'core', 'additional' or 'discard' on each suggested ILO. Eleven participants contributed to this second round. AEW collated these responses.

Step 5: The collated responses about the core ILOs for learning about health inequalities from round 2 of the Delphi were pre-circulated and discussed at a meeting of HISG in June 2013. The collated responses about the additional ILOs were reviewed by RA (the other HISG lead for teaching).

Step 6: This document will be disseminated to medical educationalists with an interest in health inequalities or the heads of undergraduate schools representing all UK medical schools and the colleges, BMA and GMC. The project's findings are being presented at an international medical education conference in July 2013, an international general practice conference in October 2013 and will be submitted for publication in a peer reviewed journal.

What did we find out?

What follows is a consensus statement setting out the core ILOs that all UK undergraduate medical students should cover in their undergraduate curricula. These are mapped to the GMC's Tomorrows Doctors 2009 learning competencies listed in appendix 1. Then we set out additional ILOs that might be of interest to students who wish to learn about health inequalities in more depth. Finally we describe examples of existing good practice to showcase learning that already exists across the UK and provide inspiration for all medical educators setting up or developing learning about health inequalities.

CORE Learning for All Medical Students at UK Medical Schools

The following intended learning outcomes:

1. *Health inequalities-population concepts*

- 1.1. Define the concept of health inequalities using examples from the UK and globally
- 1.2. Understand the concepts behind the social determinants of health
- 1.3. Describe the evidence base for health inequalities aspects of common conditions such as obesity, diabetes, cardio-vascular disease and mental health in the UK and globally
- 1.4. Be able to describe difference between area level indicators of socioeconomic status (SES) and individual level indicators of SES (e.g. obesogenic environment and dietary intake)
- 1.5. Be able to take a targeted social history from patients

2. *Health inequalities- health systems impact*

- 2.1. Describe how health policy, health care systems and the wider context of society impacts on health inequalities
- 2.2. Examine the inverse care law using examples from the UK and globally
- 2.3. Understand the key principles of Primary Health Care and its role in reducing Health Inequalities

3. *Marginalised patient groups*

- 3.1. Be able to describe the major problems of health and health care delivery for

- marginalised patient groups in the UK (e.g. homeless persons, asylum seekers)
- 3.2. Be able to communicate effectively with patients with special communication needs
 - 3.3. Describe the needs of economically deprived older people and young people in care
 - 3.4. Be able to take measures to safeguard children and other vulnerable persons

4. Cultural diversity

- 4.1. Define 'cultural diversity' and apply this definition with respect to clinical practice
- 4.2. Critically appraise the use of key terms, such as race, ethnicity, culture, multiculturalism and inequalities of access to health care
- 4.3. Be able to communicate effectively with patients from diverse backgrounds
- 4.4. Evaluate institutional prejudices and how these relate to your own perspectives

5. Health inequalities-ethics

- 5.1. Be able to discuss and critique how the concept of a right to health impacts on health care delivery in the UK and elsewhere
- 5.2. Understand Equality and Human Rights legislation and how it overlaps with health inequalities
- 5.3. Be able to consider strategies for enacting the important advocacy role that doctors have
- 5.4. Develop a generic approach to patients from diverse backgrounds, understanding that some patients require more input and advocacy than others
- 5.5. Demonstrate empathy and compassion with all patients
- 5.6. Respect the unique perspective of all patients
- 5.7. Understand the impact your own beliefs and values may have on the care of patients

ADDITIONAL Learning for Medical Students Wishing to Undertake Further Study in UK Medical Schools

The following intended learning outcomes:

1. Health inequalities-population concepts

- 1.1. Review advanced techniques for analysing and describing health inequalities in populations
- 1.2. Be able to discuss trends in health inequalities within and between population subgroups
- 1.3. Critically appraise socio-political aspects of health inequalities
- 1.4. Consider a range of public policy, social policy or related areas to further understand the impact of the social determinants of health
- 1.5. Describe global health Inequalities and what drives them
- 1.6. Researching health inequalities - methodological challenges, forms of evidence

2. Health inequalities- health systems impact

- 2.1. Review the role that doctors and their impact on policy, commissioning, and public health can have on tackling health inequalities
- 2.2. Critically appraise the Impact of aid to developing countries
- 2.3. Describe the benefits of continuity of care

3. Marginalised patient groups

- 3.1. Healthcare in secure environments

4. Cultural diversity

- 4.1. Evaluate the relevance of cultural diversity training in healthcare
- 4.2. Identify strategies to challenge prejudice effectively and identify local policy in this area to ensure robustness.

4.3. Evaluate institutional prejudices and how these relate to your own perspectives.

5. Health inequalities-ethics

5.1. Explain how you would apply equalities legislation to your practice as a health care provider and as an employer

6. Health inequalities-evidence into action

6.1. Achieve understanding, and direct experience of the community medical students work in

6.2. Acquire advanced advocacy skills underlying both health promotion and health improvement

6.3. List the different approaches there are to developing skills in meeting the needs of diverse populations and compare and contrast these

6.4. Review individual aspects of health inequalities and how specific health improvement projects are working to improve access to health for some disadvantaged groups

6.5. Evaluate and justify approaches to cultural sensitivity used in your own clinical practice.

Examples of current good practice: delivering teaching on health inequalities

Contributors gave general examples of how teaching on health inequalities was delivered through public health, sociology, ethics and clinical topic teaching. This included learning on clinical placements. The importance of the consultation and general practice attachments were highlighted by a number of contributors. Specific examples are summarised below:

Examples of core teaching

- A central teaching day on international and migrant health for third years, which includes several workshops; one on access to healthcare run partly by asylum seekers.
- A series of teaching sessions on refugee and asylum seeking health issues, all these sessions can be assessed by OSCE:
 - A quiz and lecture in the first year looking at global factors as well as UK issues
 - This is followed up with a session on interpreting including a scenario on an asylum seeker
 - In the penultimate year there is another session using a scenario of pregnant woman who is an asylum seeker who has suffered female circumcision.
- A lecture on homelessness linked to a PBL case delivered in our second and third years particularly considering discharge [from hospital] issues. This has been successfully assessed at OSCE and was complimented by externals.
- A 'Diversity Curriculum' that includes aspects of access to health for a number of different groups including people with learning difficulty, disability, race/ cultural/ religious/ ethnicity issues/ gay and lesbian issues etc. This is delivered in Year 2, partly as a series of short presentations but also in small group learning using a set of 'games' to learn and reflect on stereotyping, self awareness and stigma. In Year 3 further small group sessions on how to use an interpreter correctly in consulting with patients who do not speak English well.
- In year 1 students have lectures and tutorials exploring gender, age, ethnicity and socioeconomic circumstances as social determinants of health and link this to the UK

health inequalities agenda. These issues are also covered from a global health perspective. A GP from a homeless practice speaks to the students about 'poverty histories'. Students write on these topics in their reflective essay. In one tutorial students are asked to compare the cases of 2 women with HIV, one living in Sub Saharan Africa and one in a deprived area of the university city. It works well as a good way to get students exploring their value judgements about responsibility and blame for health problems in the context of health inequalities. A short film clip about a young boy living in a deprived area of their city to prompt reflection is also planned.

- A session on the “nature of culture” which is further explored within sociology teaching. In Year 2 there are symposia on both physical disability and mental illness.
- Students on general practice clinical placements can opt into an additional half day of learning at the homeless health service or with the local community addiction team.

Examples of additional teaching: (optional student selected study) SSCs or elective study

- Student visit a prison and an addictions centre. This first hand experience brings the message of social factors home.
- An SSC called 'integrated medicine in the inner city' where students spend three weeks in an inner city wellspring healthy living centre <http://www.wellspringhlc.org>. Teaching takes place in different community groups as well as with the GPs. For example visiting a community bike project <http://www.thebristolbikeproject.org> to see how exercise can be encouraged.
- An SSC called 'general practice in special situations' which includes the care of asylum seekers, homeless people and in secure environments.
- A number of SSCs on aspects of health inequality such as homelessness, asylum seeker health, and diabetes in minority groups.
- SSCs in year 3 on Working with Diversity, Global Health and Homelessness, Drugs and Crime.

Future plans for teaching

- This year we are planning a ‘working with interpreters’ session using community interpreters who are asylum seekers, and other asylum seekers, so that most of the students get a chance to practice this skill.
- A new Academic Health Centre situated in the most deprived neighbourhood (one of the most deprived in England) will be used as a centre of experimental learning for students, who will conduct community-based studies, help with health promoting activities and be involved in health inequalities research.

Conclusion

We hope that colleagues, who develop, organise and deliver medical education in the UK’s medical schools will utilise this document. It represents the best available expert consensus for what all medical graduates should learn about health inequalities in order that they may become competent foundation doctors. Moreover it includes additional intended learning outcomes for students interested in learning more about health inequalities and inspiring examples of existing good practice in the UK.

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Appendix 1

The core ILOS map to the following GMC TD2009 outcomes:

10 Apply social science principles, method and knowledge to medical practice.

- (a) Explain normal human behaviour at a societal level.
- (b) Discuss sociological concepts of health, illness and disease.
- (c) Apply theoretical frameworks of sociology to explain the varied responses of individuals, groups and societies to disease.
- (d) Explain sociological factors that contribute to illness, the course of the disease and the success of treatment – including issues relating to health inequalities, the links between occupation and health and the effects of poverty and affluence.
- (e) Discuss sociological aspects of behavioural change and treatment compliance.

11 Apply to medical practice the principles, method and knowledge of population health and the improvement of health and healthcare.

- (a) Discuss basic principles of health improvement, including the wider determinants of health, health inequalities, health risks and disease surveillance.
- (b) Assess how health behaviours and outcomes are affected by the diversity of the patient population.
- (d) Discuss the principles underlying the development of health and health service policy, including issues relating to health economics and equity, and clinical guidelines.
- (f) Evaluate and apply epidemiological data in managing healthcare for the individual and the community.
- (g) Recognise the role of environmental and occupational hazards in ill-health and discuss ways to mitigate their effects.
- (h) Discuss the role of nutrition in health.
- (i) Discuss the principles and application of primary, secondary and tertiary prevention of disease
- (j) Discuss from a global perspective the determinants of health and disease and variations in healthcare delivery and medical practice.

12 Apply scientific method and approaches to medical research.

- (a) Critically appraise the results of relevant diagnostic, prognostic and treatment trials and other qualitative and quantitative studies as reported in the medical and scientific literature.
- (b) Apply findings from the literature to answer questions raised by specific clinical problems.

13 The graduate will be able to carry out a consultation with a patient:

(a) Take and record a patient's medical history, including family and social history, talking to relatives or other carers where appropriate.

14 Diagnose and manage clinical presentations.

(a) Interpret findings from the history, physical examination and mental-state examination, appreciating the importance of clinical, psychological, spiritual, religious, social and cultural factors.

(b) Identify the signs that suggest children or other vulnerable people may be suffering from abuse or neglect and know what action to take to safeguard their welfare.

15 Communicate effectively with patients and colleagues in a medical context.

(a) Communicate clearly, sensitively and effectively with individuals and groups regardless of their age, social, cultural or ethnic backgrounds or their disabilities, including when English is not the patient's first language.

(b) Communicate appropriately in difficult circumstances, such as when breaking bad news, and when discussing sensitive issues, such as alcohol consumption, smoking or obesity.

(c) Communicate appropriately with difficult or violent patients.

(d) Communicate appropriately with people with mental illness.

(e) Communicate appropriately with vulnerable patients.

(f) Communicate effectively in various roles, for example, as patient advocate, teacher, manager or improvement leader.

20 The graduate will be able to behave according to ethical and legal principles. The graduate will be able to:

(a) Respect all patients, colleagues and others regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status. Graduates will respect patients' right to hold religious or other beliefs, and take these into account when relevant to treatment options.

(b) Recognise the rights and the equal value of all people and how opportunities for some people may be restricted by others' perceptions.

(c) Understand and accept the legal, moral and ethical responsibilities involved in protecting and promoting the health of individual patients, their dependants and the public – including vulnerable groups such as children, older people, people with learning disabilities and people with mental illnesses.

(d) Demonstrate knowledge of laws, and systems of professional regulation through the GMC and others, relevant to medical practice, including the ability to complete relevant certificates and legal documents and liaise with the coroner or procurator fiscal where appropriate.

22 Learn and work effectively within a multi-professional team.

(a) Understand and respect the roles and expertise of health and social care professionals in the context of working and learning as a multi-professional team.

(b) Understand the contribution that effective interdisciplinary team-working makes to the delivery of safe and high-quality care.

23 Protect patients and improve care.

(a) Understand the framework in which medicine is practised in the UK, including: the organisation, management and regulation of healthcare provision; the structures, functions and priorities of the NHS; and the roles of, and relationships between, the agencies and services involved in protecting and promoting individual and population health.