

Broadening health policy education in medical school

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Dear editor

We read with great interest the article by Malik et al¹ exploring medical student participation in health policy roles. As medical students who recently completed an intercalated degree in healthcare management at Imperial College London, we spent a large proportion of our time learning about health policy. Thus, we can offer a unique perspective on this issue.

We firstly commend the authors for identifying factors that act as barriers to medical student involvement in health policy roles. Noteworthy barriers impacting student involvement included: a lack of knowledge regarding health policy, an unawareness of opportunities available, and a lack of time. It was found that 43% identified lack of time as a barrier to their involvement in health policy.¹ Bicket et al similarly found that time commitments and opportunity costs were the main drawbacks for students not pursuing their interests in leadership roles in medical school.²

Furthermore, we can also see the benefits of evaluating and reforming the current health policy curricula argued by the authors, particularly the adoption of a new “service learning” approach. However, the article does not explore barriers to student involvement from the perspective of educational institutions. In order to truly facilitate student involvement in health policy we must also be prepared to overcome barriers faced by medical schools. Patel et al proposed three barriers faced by medical schools with regard to health policy teaching.³ Firstly, the increasing volume of scientific and clinical knowledge required to prepare future doctors to practice safely precludes the possibility of adding extra health policy content which would put further strain on the current curriculum. Secondly, adoption of an improved health policy curriculum would require an interdisciplinary faculty team including health economists and health policy analysts, among others. Finally, there is limited literature evaluating the current methods of implementation and teaching of health policy at an undergraduate level. Therefore, reforming health policy curricula through adoption of a “service learning” approach poses the risk of undergoing major structural reorganization without any forecast as to whether it will actually improve student engagement in health policy.

The recent dynamic political environment regarding changes to the healthcare system has increased interest within the medical student body in health policy. Student involvement in health policy discussions through academic forums is evidence of this.⁴ Of particular note is that, although 79% of students would be interested in health

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policy teaching, only 47% reported previous such teaching during medical school.¹ In addition, Malik et al also found the most prominent barrier was a lack of knowledge about health policy.¹ We believe, this warrants the amendment of health policy curricula to address the knowledge gap which appears to hinder student involvement in health policy roles.

However, in order to determine whether a change in curriculum will influence student involvement, we believe further research is required comparing health policy role uptake in students with limited health policy teaching with those exposed to increased teaching. This information will be vital to determine whether it is worth reevaluating the current health policy curriculum.

Disclosure

The authors report no conflicts of interest in this communication.

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