

GLOBAL HEALTH COMPETENCIES FOR UK HEALTH PROFESSIONALS

In our increasingly interdependent world, global health is of relevance to all healthcare professionals - those working in low, middle and high income countries alike. Population movement and shifting disease patterns mean that healthcare professionals practising in the UK are now challenged to deliver effective care to multicultural societies with diverse needs. In order to effectively fulfil their leadership and management roles, health professionals require a secure understanding of, and ability to respond to, the effects of globalisation on health and health systems.

Postgraduate training curricula have not yet adapted sufficiently to prepare health professionals for their roles in the modern globalised environment. This document is the outcome of a three-stage consultation funded by the Academy of Medical Royal Colleges and coordinated by the Intercollegiate Global Health Junior Doctors' Working Group. It was informed by the global health education literature (including ^{i ii iii}), and involved over 300 respondents (see appendix).

What do we mean by 'global health'?

The World Health Organization defines health as “*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*”.^{iv} Therefore, the focus of this curriculum is on both the management of disease and on health promotion. To understand the term ‘global health’ we refer to both Kickbush’s definition: “*health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people*”,^v and Koplan’s definition: “*an area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide*”.^{vi} This is in keeping with the UK government’s interpretation that “*global health recognises that health is determined by problems, issues and concerns that transcend national boundaries*”.^{vii} Because globalisation affects all of us - every patient and every health professional, even those who have never travelled outside of their home county - health professionals require knowledge, understanding and skills related to global health.

What is the aim of this document?

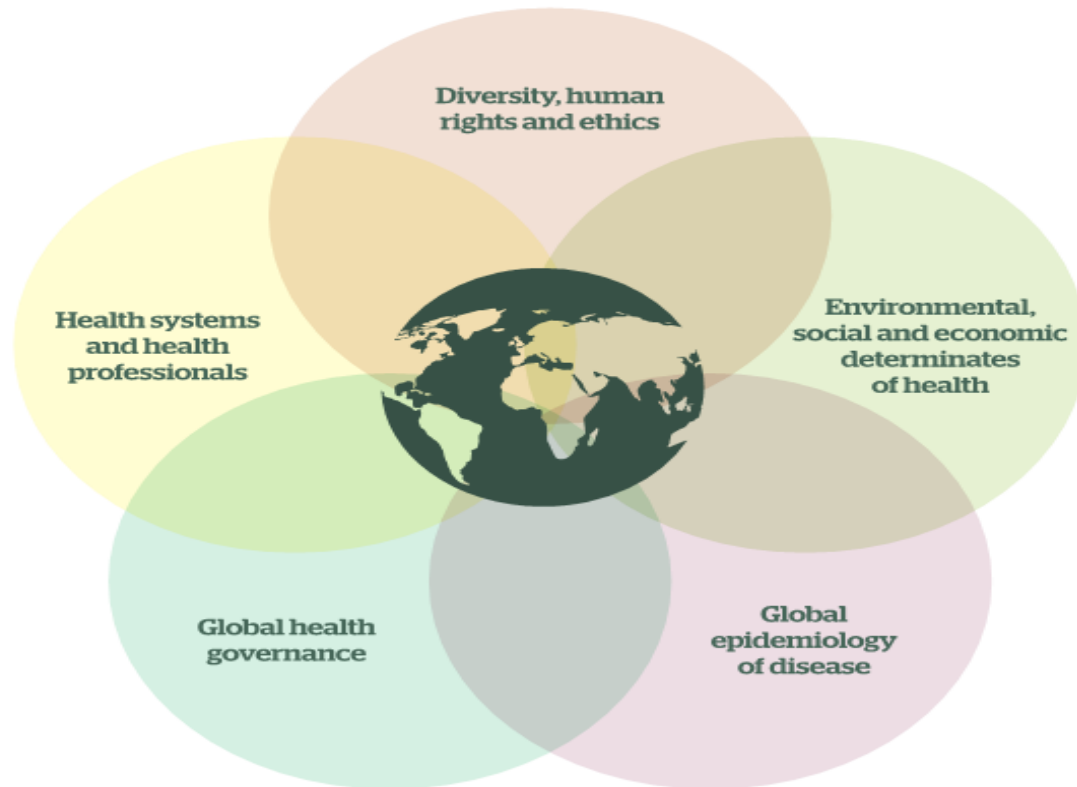
This document complements previous work on global health curricula^{i ii viii ix}, and provides a framework of generic, core competencies to be considered in the postgraduate training of all health professionals. The principal audience is those designing and developing training curricula for postgraduate health professionals in the UK, but the document may also be used to inform the training of undergraduates and of health professionals training outside the UK. The scope of global health is very broad and we have deliberately taken a comprehensive view. We propose that all health professionals should have some awareness of all five competencies; however areas to be explored in more detail will vary according to staff cadre, level of training and health care setting.

How can this document be used?

The framework outlined in this document is designed to provide a coherent and structured summation of the minimum competencies in global health required by all practising UK health professionals as part of their postgraduate training and continuous professional development. It will be for individual colleges, faculties and specialty associations to identify

what knowledge and expertise is required for their trainees and to tailor training curricula accordingly. Adaptation for different trainees and implementation of the competencies will require ongoing collaboration between curriculum developers and other stakeholders in medical education. This document will be subject to future review and revision.

Core Global Health Competencies



Five key competencies which are relevant to all UK postgraduate health professionals are described (see figure). Each competency directly relates both to day-to-day practice and to leadership and advocacy roles that health professionals may have. Within these competencies we have described key knowledge areas and provided examples of how these may be applied in practice. The practice examples are not prescriptive as these should vary depending on the field of practice. Knowledge areas focus on “what a health professional needs to know”, including ethics and human rights issues. Practice examples focus on “what a health professional needs to be able to do”.

The five competencies are all interrelated. The order of competencies does not represent priority; rather the document starts with a focus on the impacts of global health on relationships with colleagues and patients, moves to discussion of how determinants of health and epidemiology vary internationally and are affected by globalisation, and ends by focusing on health systems and policies which are designed, operate and impact on health in a global sphere.

Most of these competencies are aligned to existing learning areas within established curricula. Although some competencies documented here may already exist in postgraduate curricula, we consider that greater attention to their relevance to global health is needed. Such attention will provide additional opportunities for the competency to be achieved during postgraduate training. In addition, some of the proposed competencies are specific to global health and generally not included in current curricula.

Competency 1: Diversity, Human Rights and Ethics

Respect the rights and equal value of all people without discrimination. Provide compassionate and respectful care for all patients.

Health professionals have a duty to treat every patient and every colleague equitably and respectfully. It may be challenging to identify and respond appropriately to the values and needs of diverse populations. Patients should not be passive recipients of care and treatment, but active participants in their own health, diagnosis and treatment.

Greater global health awareness mandates a person-centred approach, including better understanding of the individual's ideas, concerns and expectations and appropriate adaptation of care. The protection of human rights both at an individual and at a population level is the duty of all health professionals.

Human rights advocacy and maintaining ethical practice and conduct are within the remit of health professionals. Health professionals therefore need to be aware of the rights of their patients, how to ensure ethical practice and how to empower patients to protect these rights.

Key Knowledge areas (these will vary according to staff cadre and field of practice)

1. Discuss the concept and dimensions of diversity, and how it can and should affect a health professional's interactions with colleagues, patients and the public.
2. Understand how a person's experiences affect their health beliefs, life choices and partnership with health professionals.
3. Describe the principles of international human rights legislation, for example as outlined in the Human Rights Act and the International Covenant on Economic, Social and Cultural Rights. Know how they are addressed in national laws and regulations, for example the Mental Capacity Act.
4. Outline the rights afforded to people with specific vulnerabilities in health including refugees, asylum seekers, undocumented migrants, victims of trafficking, survivors of torture and those who have undergone female genital mutilation.
5. Understand the importance of the concepts of medical impartiality¹, neutrality², individual conscience³ and a "do no harm" approach, and their application to decision making both

¹ Impartiality - relieving the suffering of individuals based solely on need and without discrimination as to nationality, race, religious beliefs, class, or political opinions.

² Neutrality - not taking sides in a conflict or engaging in controversies of a political, racial, religious, or ideological nature.

³ Individual conscience – the inner sense of what is right or wrong in one's conduct or motives, applicable to both patients and health professionals.

about international public health interventions and about individual patient care. Know the General Medical Council's position on conscientious objection.^x

6. Discuss how the health impacts of social, economic and environmental problems are distributed within and between populations. Discuss ethical tensions between allocating resources to individual patients and protecting public health and the environment upon which the health of the wider community depends.

Practice examples (these will vary according to staff cadre and field of practice)

1. Deliver high-quality care to all patients, regardless of race, religion and other beliefs or practices, and informed by the best available evidence.
2. Respond sensitively and appropriately to the needs of colleagues, including religious and cultural values which may affect their attitudes or beliefs about particular practices. If your own cultural or religious values are likely to affect the way you practise, be open with colleagues and plan how such situations are going to be managed in advance.
3. Employ reflective techniques during patient encounters being aware of how your own values and preconceptions may influence the situation, and take an empathic and compassionate approach to providing care.
4. Obtain appropriate communication support, for example a qualified interpreter for a non-English speaker.
5. Attend training on identifying trafficking and torture and learn how to refer to appropriate services, for example Freedom from Torture⁴. Describe the symptoms, signs and physical, psychological and social impacts of trafficking, torture and abuse. Respond appropriately to ensure that each individual's rights are respected and that mental and physical health needs are met as far as possible.
6. Advocate to reduce barriers to accessing care for refugees; asylum seekers; undocumented migrants; Gypsy, Roma, Irish and other traveler communities; victims of trafficking; survivors of torture or other groups with vulnerabilities in health.⁵

⁴ Freedom from Torture - a foundation that provides care and treatment for people who have suffered from torture and therefore have specific needs

⁵ Primarily in Canada and the Americas, First Nations peoples are an important group to consider.

Competency 2: Environmental, social and economic determinants of health

Understand the global nature of the environmental, social and economic determinants of health, including air and water quality, climate, culture, religion, gender, history and politics. Employ knowledge of these global factors to advocate for strategies that tackle health inequalities and improve health.

Health is primarily shaped by factors beyond the sphere of genetics and biomedicine.^{xi} Environmental, social and economic factors do not respect national boundaries. For example, economic recession in one country may result in job losses and financial hardship across the globe. Local actions in any part of the globe can impact on transnational determinants of health, such as climate change and global institutions. Climate change has been described as the greatest health threat of the 21st century,^{xii} meanwhile many of the actions required to reduce carbon emissions and mitigate climate change also have direct health benefits (for example, active transport increases physical activity and renewable energy can reduce local air pollution).

Economic, political, historical, gender, religious and cultural factors affect the availability and accessibility of public services, such as education and housing, which are necessary for good health. These factors have differential health impacts across the spectrum of society. Health inequalities often are exacerbated because the most adverse effects impact mostly on individuals and groups who already experience the greatest degree of poverty, ill health or vulnerability.

Understanding the influence and interplay of environmental, social and economic forces will enable health professionals to recognise the range of factors contributing to disease and healthcare seeking in any given patient. This allows the health professional to provide holistic care tailored to the needs of each individual patient, to design health services to promote health, and to advocate for health-promoting policies, locally, nationally and internationally.

Key Knowledge areas (these will vary according to staff cadre and field of practice)

1. Discuss how globalisation affects health inequalities within and between countries, and consider how this may affect your local population and patient cohort.
2. Use a social-ecological model^{xiii} to discuss how global forces impact health and to improve the promotion of health and management of illness.
3. Outline the dependence of human health on global and local ecological systems and discuss the systems, policies, practices and beliefs required to address global environmental changes (such as climate change, biodiversity loss and resource depletion).

4. Discuss the impact on health of cross-border flows, including international trade, information and communications technology, and health worker migration.
5. Discuss the interplay between national and international conflict, interpersonal violence, and health. Discuss the direct and indirect threats to both individual and population health posed by violent conflict and natural disaster, and ways in which such threats may extend beyond the borders of the country directly affected.
6. Describe the health challenges (including accessing healthcare) that refugees, asylum seekers and other migrants are faced with during life in their country of origin, in transit and in the UK.

Practice examples (these will vary according to staff cadre and field of practice)

1. Demonstrate how you can inform policy makers about the importance of addressing health inequalities, and advocate for strategies to address health inequalities at a local, national or international level.
2. Demonstrate how you can communicate with policy makers to advocate for policies that promote healthy and equitable communities and environments (for example, policies that support community development, active transport infrastructure and access to affordable and healthy food).
3. Demonstrate your ability to support policy makers to mitigate the effects of global environmental change on health, for example by providing advice related to food security, exposure to extreme heat or extreme cold, or the unique physical and mental health issues faced by migrants.
4. Use motivational interviewing techniques to help individuals to make healthy lifestyle choices that benefit the individual, the local and global community and the environment.
5. Hold a holistic person-centred, context-driven consultation with someone who has experienced forced migration, demonstrating knowledge of the health issues a person may face in this setting.
6. Demonstrate the importance of including appropriate patient representatives and engaging with colleagues from different professional and personal backgrounds when working in multi-disciplinary teams to promote the health of your patients and the public.

Competency 3: Global Epidemiology

Describe the distribution of health and disease globally. Apply this understanding to tailor your work with patients and the public to promote health and treat illness.

The burden of disease - communicable and non-communicable, mental and physical - varies between and within countries due to a variety of factors, including climate, living conditions, diet, physical activity and wealth. Awareness of patterns of health and disease in different geographical regions can contribute to a health professional's ability to diagnose and treat disease and work with a patient to explore health promotion strategies.

When comparing high, middle and low income countries, the same disease may present in a different manner and / or patient group depending on factors such as population demographics, culture, health systems, environmental issues, and local and international policies. Working as health professionals within a global community with mobile and diverse populations requires an appreciation of the variation in disease presentations.

Understanding the variation in individuals' vulnerability to disease is core to the delivery of optimal patient and population care and advocacy for reduction in health inequalities.

Key Knowledge areas (these will vary according to staff cadre and field of practice)

1. Describe the distribution and variation of major communicable and non-communicable diseases (NCDs) worldwide, and how data on the global burden of disease is gathered. Discuss why there is regional variation and how this influences the differential diagnoses that should be considered for individual patients.
2. Describe the global distribution of mental illness, the influence of factors such as exposure to violent conflict, and the potential variation in the presentation of mental illness according to gender, culture and geography.
3. Describe how demographic and economic transitions are affecting health and healthcare in different countries and regions of the world. Discuss the many important drivers of non-communicable diseases that are global, for example food and tobacco advertising by transnational corporations.
4. Discuss the burden of mental and physical ill health associated with pandemics, and how this burden is distributed between and within countries.
5. Describe the links between climate change and the global burden of communicable and non-communicable disease and mental and physical ill health.
6. Describe the links between migration and the global burden of communicable and non-communicable disease and mental and physical ill health.

Practice examples (these will vary according to staff cadre and field of practice)

1. Take a thorough social history, including country of birth and travel history, and know how this may affect differential diagnoses.
2. Know where to find information on the prevalence and incidence of disease in different countries. Use this information to plan screening or immunisation.
3. Contribute to the management of illnesses, including fever, in patients who have lived or travelled overseas. Demonstrate your ability to appropriately risk assess patients and ensure that they receive appropriate diagnostic tests and immunisations.
4. Discuss the challenges associated with the impact of globalisation on diet and health. Design one strategy to address these at individual, at community and at policy level.
5. Demonstrate your ability to take a history, assess the mental state of a patient and provide subsequent appropriate advice, treatment and referral, including to culturally appropriate support services.
6. Provide accurate health data, including through accurate death certification and infectious disease notification, and understand how this facilitates international comparisons.

Competency 4: Global health governance

Describe the roles of key actors in global health, including international organisations, the commercial sector and civil society. Understand how global funding mechanisms can influence the design and outcome of research strategies and policies, and how policies made at a global or national level can impact on health at a local level.

National and international policies and guidelines affect the wider determinants of health as well as impacting on local health services. To appreciate how and why global policies are made, it is vital to understand the difference between the main international players in global health, how they interact and their governance structures.

Many health funding mechanisms, health research bodies and health resources (including human resources) are also global. Policies, guidelines, funding and research may be influenced by the priorities of national governments and those of multinational organisations, both philanthropic and commercial.

Health professionals who understand international policies, institutions and mechanisms will be better equipped to appropriately apply global policies and guidelines at a community level, and access global health resources to improve health locally.

Key Knowledge areas (these will vary according to staff cadre and field of practice)

1. Discuss the key actors in global health including the World Health Organization, United Nations, World Bank, multilateral and bilateral organisations, foundations, non-governmental organisations (NGOs); and their interactions, power, governance and different approaches to global health (for example, emergency aid versus long term development and horizontal versus vertical approaches⁶).
2. Discuss how global actors provide resources, funding and direction for health practice and research locally and globally, and the effects that this has on individual and population health.
3. Understand how international policies affect health locally, for example policies relating to global markets in healthcare (such as the pharmaceutical industry) and global resources for health (such as medications and transplant organs).
4. Discuss the impact of trade regulations on health, for example through impact on access to clean water, taxation, tobacco use, alcohol and fast-food consumption, antibiotic use and health service provision.

⁶ Horizontal approach addressing a range of diseases and determinants of health, e.g. comprehensive primary care, versus a vertical approach focusing on one disease, e.g. a disease-specific immunization programme

5. Understand how countries may work together to address shared health burdens or threats such as pandemics and natural disasters.
6. Discuss how health can be a shared goal in conflict resolution and peace promotion at a local, regional, national and international level. Understand why governments may have competing aims regarding military and health intervention in conflict settings.

Practice examples (these will vary according to staff cadre and field of practice)

1. Demonstrate your understanding of and / or ability to participate in a global or national public health initiative, such as the Framework Convention on Tobacco Control.
2. Advocate for global trade regulations that promote public health, for example in relation to tobacco, fast-food and alcohol.
3. Identify your organisation's emergency response plans (including pandemic preparedness) and attend local emergency preparedness training to learn about your role during an international health emergency.
4. Advocate for effective systems to facilitate global responses to international health emergencies, including timely, well-supported and appropriate movement of health professionals across borders during and after the event.
5. Work with patients to facilitate education and greater public understanding about the need for rational use of antibiotics to minimise antibiotic resistance worldwide.
6. Participate in responsible social media use to promote health locally or globally, informed by an understanding of how telecommunications influence global and local health (for example by making health information available globally, and by enabling transnational advocacy about health issues).

Competency 5: Health Systems and health professionals

Describe how your own health system is structured, governed and financed. Understand how your health system compares to other health systems across the globe and how this impacts on health outcomes. Describe how global factors and globalisation influence the functioning of health systems and the work of health professionals.

While the configuration of health services varies between countries, they all require ‘a robust financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, well maintained facilities and logistics to deliver quality medicines and technologies’.^{xiv} Health systems also require good leadership and governance. A good health system delivers universal health coverage - quality services for all people, when and where they need them. When considering health systems, the WHO describes a framework of “building blocks” - (1) service delivery, (2) health workforce, (3) health information systems, (4) access to essential medicines, (5) financing, and (6) leadership/governance^{xv} - that can be viewed as core components of a health system and contribute to its strengthening and resilience in different ways. Awareness of these core components provides health professionals with a framework through which to evaluate their own health system, make comparisons with other health systems and advocate for improvements.

Health worker migration has a significant impact on health services globally. This is particularly relevant to the NHS which has depended heavily on health professionals from overseas since its inception and continues to do so.^{xvi}

In order to support patients to navigate their health system, health professionals require a clear understanding of it. Knowledge of other health systems empowers health professionals to contribute to the design and development of health systems and services as part of a growing remit within management and leadership. It is important that health professionals are aware of global factors that impact on health and healthcare provision.

Key Knowledge areas (these will vary according to staff cadre and field of practice)

1. Understand the basic principles of universal health coverage. Discuss these principles with reference to your own health system and the three key dimensions defined by the WHO: (1) increasing and maintaining population coverage, (2) increasing financial protection by avoiding / reducing cost sharing and fees, (3) increasing and sustaining the widest area of services based on accessible primary care.
2. Discuss the differential impacts of health system structure and funding for patients, depending on factors such as their wealth, health knowledge, and experience and expectations of health services.

3. Discuss how global trends in technology and medicines development, climate change and resource availability may affect health and healthcare into the future. Consider the differential effects of these trends within and between countries.
4. Understand how decisions are made about resource allocation in the context of local and global resource constraints. Understand the contribution of economic evaluations and population-based needs assessments to such decisions.
5. Understand the governance, monitoring and evaluation of your own health system as compared to health systems abroad, and discuss health professionals' and patients' roles in service improvement.
6. Discuss the drivers of health worker migration, and the impacts of such migration on health systems, as well as the wellbeing of health professionals and health service users.

Practice examples (these will vary according to staff cadre and field of practice)

1. Speak to health professionals who have trained in or patients who have used another health system to gain understanding of the differences compared to your own. Consider how practices from other health systems could be applied to improve the care you deliver.
2. Apply healthcare system outcome measures, for example equity, efficiency, access, quality, and compare the performance of different health systems, as part of health systems strengthening.
3. Working with patients and the multidisciplinary team, implement improvements to service delivery locally and nationally, based on knowledge or experience of alternative models overseas.
4. Carry out a quality improvement project and engage patients and colleagues to enhance the environmental sustainability of your health system.
5. Apply understanding of the roles of complementary therapists and traditional and religious healers locally and globally (including provision of treatments and health information), when exploring health beliefs with patients and developing a patient-professional relationship.
6. In the light of globalization and trends impacting on health service delivery now and in the future, advocate for improvements to health systems locally, nationally or internationally.

Appendix - Methods

This consultation took the form of a modified Policy Delphi. This technique facilitated the incorporation of a wide range of views from grassroots stakeholders to experts in the field. The three 'rounds' took place between March and June 2015 and allowed broad consultation (round 1) followed by in depth discussion with experts (round 2) and was completed with a further broad consultation with all participants (round 3).

This consultation was coordinated by the Intercollegiate Junior Doctors Global Health Working Group (hereafter referred to as the 'working group'), a group of doctors with an interest in global health. Funding was provided by the International Forum of the Academy of Medical Royal Colleges.

Round 1 of the modified Delphi process

A review of published literature and existing postgraduate medical curricula relating to global health underpinned the development of seven global health competencies. A document containing these seven competencies, with examples of how they could be assessed in curricula, was drafted by the working group and used in the first round of the modified Delphi process. This first round of the Delphi was designed to allow broad representation of stakeholders from a range of different practicing health professions, from medical educators, researchers and academics, experts in global health and patients, both from the UK and overseas.

An online questionnaire asked respondents to comment on the relevance, structure and feasibility of the seven competencies for UK health professionals at postgraduate level. Both multiple choice and free text responses were sought. Patient, health professional and healthcare academic groups were contacted by email and requested to cascade the questionnaire through their networks. Relevant social media channels were also used to invite potential stakeholders to respond. The survey was preceded with background information about the consultation, information about how the responses would be used (anonymously) and consent to participation in the study was deemed implicit in taking the survey. To reward participation, the chance of winning one of two £50 book tokens was offered to participants. The survey remained open for a two-week period and 276 responses were received.

Quantitative results from round one were summarised to identify what percentage of respondents found each competency to be important and feasible for postgraduate health professional education in the UK. Qualitative data relating to each competency were independently analysed by two members of the working group, who each identified positive comments, negative comments, suggested changes to the competency document and other themes arising from the data. The working group updated the document for the second round based on the feedback from the questionnaire and through discussion to reach consensus. Not every suggestion made in round one could be accommodated, with the most common reasons for exclusions being conflicting opinions from respondents and suggested additions that were too detailed to fall within the scope of the document. Where there were disagreements between suggestions by respondents, the working group came to a decision about how to address the suggestions through discussion and reference to other round one feedback and related peer-reviewed literature. Questions about these areas of disagreement were incorporated into the second round of consultation.

Round 2 of the modified Delphi process

The second round of the Delphi sought the views of key stakeholders in global health and clinical education, including patient representatives, global health educators, clinical leaders and trainee representatives. It sought comments on the revised draft competency document, areas of controversy and the operationalisation of the competencies across the spectrum of postgraduate training curricula in the UK.

A structured interview proforma was developed based on the analysis of the results of round one. Members of the working group held telephone or face-to-face interviews with 28 stakeholders. Stakeholders were provided with background information about the consultation both by email and at the start of the interview. They were asked to give consent to participate and to anonymous quotation of their responses in the final write up. Note taking during the interview was used to record the results. Round two took place over a three-week period.

The full results from each interview were compiled into a spreadsheet to facilitate discussion and modification of the competency document by the working group. The working group discussed the results and achieved consensus on a document for round three through discussion. Areas of disagreement between respondents were noted and explored through discussion within the working group, advice from experts and reference to the existing literature. Experts in macroeconomics and ethics were contacted because these were areas where there were tensions and the working group did not have sufficient expertise. The working group achieved consensus on how to address the areas of disagreement. A third draft competency document was developed.

Round 3 of the modified Delphi process

In the third and final round all participants from the first and second rounds were invited to review and comment on the final document, including ensuring that their comments were adequately addressed.

A questionnaire for round three responses was developed and emailed, along with the latest draft competency document, to all round one participants who had provided an email address and all round two participants. The survey remained open for one week and a reminder was sent after four days.

Fifteen responses were received with suggestions for alterations to the document. Responses were compiled in a spreadsheet and discussed by the working group. Updates were made to the competencies based on the results of round three and reference to the existing literature. Areas of disagreement between respondents in this round and between rounds were noted as discussion points.

The process and outcomes of this consultation will be disseminated to all stakeholders who were contacted at each stage in the consultation.

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