



Towards population-based health care: students as public health ambassadors

The workload of the modern doctor is changing. Health systems under increasing financial pressure are faced with the challenge of equipping their workforce with the skills to meet the needs of a growing population, many of whom are living longer with multimorbidity and disability. Health policies are encouraging primary-care providers to empower patients to effectively manage their own conditions to help to relieve the strain on overburdened services;¹ however, more needs to be done to effectively manage the rising burden of ill health. In the context of an increasingly diverse patient population with complex needs, the development of a personalised approach to health-care delivery requires a greater understanding of the underlying social determinants of health. By engaging patients as copartners in their own care, primary-care providers can improve patient outcomes and satisfaction, yet interventions aiming to achieve this have been too sporadic to implement and scale. Although many UK medical schools are in urban areas with high levels of social and health inequality, they miss the opportunity to take a proactive lead in the community health agenda because current medical training is too hospital-centric and disease-focused.

The quality of medical education determines the capabilities of the future health-care workforce. The traditional, and largely unchanged, model of medical education, which combines lectures with clinical rotations, provides limited practical exposure to community care and public health engagement. All UK medical students are required to partake in integrated modules known as student-selected components, focusing on

laboratory-based research or quality improvement. By developing and providing community-based student-selected components, medical schools can assist students to enhance their public health skills while having positive local effects. With the growing diversity of the student body, and evidence to suggest that ethnic minorities are disproportionately affected by preventable diseases,² diaspora medical students are well placed to deliver culturally appropriate health promotion campaigns to target populations.

Medical schools have a responsibility to develop socially engaged citizens. In the UK, increasingly, medical students are graduating with poor morale and career uncertainty, citing a lack of purpose and few opportunities for meaningful patient interaction throughout their studies.³ Public health and community projects integrated into curricula allow medical students to form productive relationships with the wider society, providing them with structured responsibility. By exposing students to community care early in their training, medical schools can help students to make an informed choice about general practice and public health as a career option, while helping to address the current workforce crisis.⁴ Public health and community projects can be instrumental in producing health-care leaders with a strong moral purpose of improving population health and equity. Such projects can also improve understanding of systems-thinking and provide training in communication and empathy to help to increase emotional intelligence, which is deficient in medical education of today.

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**Faheem Ahmed, Na'eem Ahmed, Samuel Atwell, Duncan Selbie, Rifat Atun*
faheem.ahmed@doctors.org.uk

NHS England, London SE1 6LH, United Kingdom (FA); St George's Hospital, London, UK (NA); Harvard Kennedy School, Boston, USA (SA); Public Health England, London, UK (DS); and Harvard TH Chan School of Public Health, Boston, USA (RA)

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