Global public health training

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The debate about whether to call our specialty public health or global health seems rather like angels dancing on a pin head as we face the choppy waters of change. In response to Jeffrey Koplan's attempt to define differences between global, international and public health\(^1\) the deans in the USA voiced their opinion that since many public health challenges were global, an understanding of the wider determinants at a global level was a necessary prerequisite for public health practice at all levels.\(^2\) But how well do we train our public health specialists in the UK to understand their global responsibilities? Not well enough according to the paper by Andrew Lee \(^3\).

As ever with workforce-based surveys, the response rate was rather low and the methodology had its weaknesses. But this does not detract from the importance of the message—that many entering the public health specialty wish to work outside the UK at some point in the future—and indeed may have come into public health because they had done so in the past. However, the study shows that the present training and accreditation processes are not viewed as having enough of a global perspective. This needs to change. No country exists as an island. The rapid spread of SARS demonstrated the speed at which infectious diseases can spread across continents and efforts in 2010 to minimize the impact of H1N1 through constant global surveillance underscored the importance of communicating between different parts of the world and different health systems. If we are to practice effectively we need to encourage those in training to think outside their local situation and understand the bigger picture. Ways of doing this include reviewing the examinations to ensure not only that candidates from outside UK can be tested on common skills which are not country specific but also expanding the academic assessment to include the global domain. In addition, training placements outside the UK must be considered legitimate. It is possible to continue competency acquisition outside the boundaries of the local deanery as placements to Hong Kong have demonstrated.

And this should not be a parochial argument about tax payers money. Not only are our everyday lives interlinked with global forces be they economic, social, cultural, but senior figures at a national level are encouraging us to take our place on the global stage. Opportunities for those in training to experience other environments are one part of the picture but opportunities for career breaks and exchanges should also be supported. There is also an important role for the FPH as a standard setting body in sharing its experiences with other countries and providing support to those wishing to develop competency-based training, accreditation procedures and formal systems of postgraduate education.

In *Turning the World Upside Down* Lord Crisp comments that the free movement of ideas and people—and the opportunities to train and work abroad will help us all in our shared quest for better health.\(^4\) He makes the point that public health can lay claim to creating the foundation for all the improvement in health we have seen over the last century or longer. But perhaps more importantly at this time of rapid structural change in public health in England he asserts that ‘looking forward the discipline has much more to offer’. In the maelstrom of change we must not forget our global responsibilities.

**References**


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