



# Same challenge – different countries – common voice!

When you bring together experts from across the globe to discuss any topic you expect that there will be differences of opinion. However at the Need for Nutrition Education/Innovation Programme (NNEdPro) International Summit this was not the case. The message from all the speakers was clear and consistent – there is woefully little nutrition in the medical curriculum. It is therefore no surprise that we hear of people receiving little, if any, nutrition support from doctors or advice that can sometimes be based on nutrition myths rather than evidence. This summit represents the first in a series of steps to pave a path to a global solution.

There are of course differences in the medical curriculum between countries and the use/protection of professional titles varies across the globe. For example, a Neuropharmacologist in Tennessee who is also qualified in nutrition recently explained how in the US alone he is required to refer to himself as a 'Dietitian Nutritionist' in some states, yet in others he has to work as a 'Licensed Nutritionist' or a 'Clinical Nutrition Specialist'. Therefore, although there must be adaptations to make training specific to the region in which it is being taught and for the cultural variations that practitioners will encounter, the take home message from the summit was that the core issues are the same across countries when it comes to improving the nutritional competence of tomorrow's doctors.

The 1st Annual International Summit on Medical Nutrition Education and Research was organised by the NNEdPro Global Innovation Panel, and held at Wolfson

College at the University of Cambridge at the beginning of August. Speakers came from seven countries, across four different continents.

The summit successfully brought together experts from across the globe to strengthen and promote international initiatives and exchange knowledge on medical nutrition education and research.

The event started with an introduction to the NNEdPro Group by **Dr Sumantra (Shumone) Ray**, MD RNutr (*Medical Research Council/University of Cambridge*) and **Pauline Douglas**, RD (*University of Ulster*). The group's commitment to improving the nutrition education of medical students in the UK has now developed into a global movement to improve nutrition education in medical schools across the world. This article provides a short overview of learnings shared on the provision of medical nutrition education in different countries.

## Opening Remarks

*Lord Balfre of Dulwich, BDA Chairman Dr Fiona McCullough and Cambridge University Public Health Director Dr Steve Gillam*

### UK

*Dr Kathy Martyn – University of Brighton and Sussex*

- Nutrition education currently only exists in the medical curriculum if it is of interest to the lecturer.

Inter-professional collaboration is essential. The employment of a Research and Education Dietitian enables universities to demonstrate commitment to nutrition as an integral part of medical practice. The ability for medical students to learn in a nutrition clinic environment supports both the implementation of nutrition into the curriculum and improved knowledge and understanding around referrals to nutrition professionals.

### USA

*Professor Lisa Hark – Jefferson Medical College*

- 50% of graduating medical students feel that their nutrition knowledge is insufficient.

Establishing a US Medical Licensing Exam Obesity and Nutrition-Item Writing Committee could result in nutrition being included in the exams administered by the National Board of Medical Examiners during training, Clinical Skills Exam and during post-graduate training programmes. Exam questions would ensure that nutrition becomes a core component of the USA medical curriculum.

## Canada

*Melita Avdagovska – Wellness Rx, University of Alberta*

- Healthcare professionals lack the confidence and skills needed to talk about nutrition, physical activity and wellness.

The development of a five module interdisciplinary health science education and evaluation research programme has enabled nutrition knowledge and skill gaps to be addressed through a curriculum based on practical skills. Adopted within the curriculum at the University of Alberta this is now being piloted at the University of Calgary.

## Italy

*Professor Livio Luzi – University of Milan*

- Medical nutrition education was previously the domain of endocrinologists.

Clinical Nutrition is a specialism available in the Italian medical system, taking 5 years of additional training, however little nutrition education exists before this within the medical curriculum. Recent developments have started to combine nutritional sciences and endocrinology within the university systems, supporting integrated nutritional assessment within hospital's diagnostic pathways.

## India

*Dr Anand Ahankari – University of Nottingham and Halo Medical Foundation, India*

- Complex medical and paramedical education systems exist, with limited infrastructure that is resistant to reform.

0.25 million students qualify as medical and closely allied 'doctors' in India every year, with qualification routes depending on both educational ability and family finances. Significant differences in urban and rural culture, access to health care, multiple languages and a lack of uniform policies also provide a number of challenges to the implementation of nutrition education.

## Australia

*Professor Caryl Nowson – Deakin University*

- Insufficient nutrition education is common within many medical schools.

A Web-based Nutrition Competency Implementation Toolkit (WNCIT) enables nutrition competencies to be embedded within the medical curriculum, providing a framework of four knowledge and five skill-based competencies, curriculum mapping and assessment tools. Initial results at four universities have been extremely positive and have led to the inclusion of nutrition expertise to the medical teaching panel, a special interest group and even further increases to the nutrition training being included in the curriculum. This will now be expanded to five more universities across Australia.

## New Zealand

*Professor Clare Wall and Jennifer Crowley – University of Auckland*

- GPs, GP Registrars and Medical Students share similar nutrition knowledge gaps and lack confidence in providing nutrition care

The development of nutrition OSCE's help to bring nutrition knowledge and skills into the medical curriculum. Providing practical experience within nutrition and dietetic environments supports student confidence and understanding, which promotes the provision of nutrition care. Support is also required by those who have already qualified and are in practice, to enable them to be confident to provide nutrition care.

## Closing Remarks

*Professor Darwin Deen from New York, Harrison Carter Co-chair of the Medical Students Committee, British Medical Association and key members of the NNEdpro Group.*

Following a roundup of the 'state-of-play' in Medical Nutrition Education from across the globe, there were sessions emphasising the importance of Nutrition Research remaining well connected with Nutrition Education as well as the need for Research into the effectiveness of Nutrition Education. Breakout sessions explored ways of developing joint strategies and cross border solutions to address common gap areas. The summit sessions were ably co-chaired by the NNEdPro Global Innovation Panel Co-Leads, **Dr Lauren Ball**, RD from Griffith University, Australia and

**Celia Laur**, RNutr from University of Waterloo, Canada. It is fair to say that this is a summit that will go from strength to strength and next year's event is one that many are already looking forward to, as it will be an opportunity to share details of all the exciting developments that are

occurring across the globe, in part due to the efforts of this dynamic group of experts.

To read more about the initiatives that are happening in regions across the world to improve medical nutrition education and research, please visit: [www.nnedpro.org](http://www.nnedpro.org).

