Article:
Corfe, B.M. orcid.org/0000-0003-0449-2228, Smith, T., Heslehurst, N. et al. (4 more authors) (2023) Long overdue: undergraduate nutrition education for medical students. British Journal of Nutrition, 129 (6). pp. 1009-1010. ISSN 0007-1145

https://doi.org/10.1017/s0007114522001647

British Journal of Nutrition (2023), 129, 1009–1010 doi:10.1017/S0007114522001647

Invited Commentary

Long overdue: undergraduate nutrition education for medical students

Keywords: **Nutrition education: Medical students: Obesity: Malnutrition**

The paper by Jones and colleagues[1] in the current issue of the British Journal of Nutrition describes the process by which a consortium, coordinated by the Association for Nutrition, developed a curriculum for supporting the acquisition of professionally relevant nutrition knowledge in medical graduates. The group are to be congratulated on this outcome, as evidence for the need to integrate nutritional teaching throughout the medical curriculum was submitted to the Royal Commission on Medical Education some 55 years ago[2].

Most medical graduates will spend their early training in the hospital environment. An environment where one-third of patients presenting are malnourished and one-third have obesity. Malnutrition, which includes under-nutrition, over-nutrition and micronutrient deficiencies, arises, at least in part, as a result of poor diet. The identification and treatment of any form of malnutrition or fluid imbalance have the potential to improve patients' clinical outcomes, quality of life and onward health trajectory. It is also clear that doctors remain among the most highly trusted professional groups in terms of delivery of sound and credible advice. This standing with the general public underwrites the potential of the medical community to be key agents in the delivery of public health messaging and driving behaviour change, as evidenced by the success of brief intervention approaches on smoking cessation and weight management[3].

In part, the success of the process that led to this curriculum[4] was a function of the effective identification and recruitment of key stakeholders. Royal Colleges covering the most relevant specialties were invited to contribute, in addition to professional bodies and learned societies with a strong interest in dissemination of evidence-based nutrition science. The consortium further benefitted from the enthusiastic involvement of a student-led advocacy group, Nutritank. The General Medical Council (GMC) was also invited to be involved. The consortium took the view that, although some specialties have a particularly strong interest in nutrition, there is no specialty where nutritional support does not have an impact or some relevance. As such, the inclusive development process led to a shared advocacy model of a curriculum to be delivered as part of doctor's primary, undergraduate education.

Notwithstanding the benefits of a trained, aware and informed workforce for delivery of evidence-based nutrition and fluid advice, the wider adoption of this curriculum will need to overcome some challenges. Perhaps most especially, the motivation for change. Our informal discussions with medical school directors of student education suggest no opposition to the guiding principles of curriculum inclusion, but pushback on available teaching time and an already-full timetable. While this might be partially addressed by embedding and signposting content in existing curriculum, even this activity will add to the already extensive workloads of academics involved. Perhaps an even greater challenge is the tendency throughout the education system for 'teaching to the test' (i.e., preparing students for standardised exams), and the resulting disinclination of educators to deliver an expanded and enhanced curriculum.

In our view, adoption of the nutrition curriculum is hereon dependent on the GMC and its assessment provider to recognise the wider societal benefits that will ensue from future doctors mastering nutrition and fluid knowledge as a core competency during their early training.

Acknowledgements

This commentary received no specific grant from any funding agency.

B.M.C. and J.B.M. conceptualised this commentary. B.M.C. wrote the original draft. All authors reviewed and edited the draft. All authors read and approved the final manuscript.

All authors declare that they have no competing interests.

Bernard M. Corfe[1,2], Trevor Smith[3,4], Nicola Heslehurst[5,6], Jeremy M. Nightingale[7,8], Sue Kenneally[9,10], Simon Williams[5,11] and J. Bernadette Moore[1,12]*

[1]The Nutrition Society, London W6 7NJ, UK
[2]Population Health Sciences Institute, Human Nutrition Research Centre, Faculty of Medical Sciences, Newcastle University, Newcastle NE2 4HH, UK
[3]British Association for Parenteral and Enteral Nutrition, Seven Elms, Worcestershire B96 6HB, UK
[4]University Hospital Southampton NHS Foundation Trust, Southampton SO16 6YD, UK
[5]Association for the Study of Obesity, Knowle, West Midlands B93 OLL, UK
[6]Population Health Sciences Institute, Faculty of Medical Sciences, Newcastle University, Newcastle NE2 4AX, UK
[7]Royal College of Physicians, London NW1 4LE, UK
[8]London North West University Healthcare NHS Trust, St Marks Hospital, Harrow HA1 3UJ, UK
[9]Royal College of General Practitioners, London NW1 2FB, UK
[10]Aneurin Bevan University Health Board, Lodge Road, Caerleon, Newport NP18 3XQ, UK
[11]University of Wales Trinity Saint David, Carmarthen SA31 3EP, UK
[12]School of Food Sciences and Nutrition, University of Leeds, Leeds, WY LS2 9JT, UK

***Corresponding author:** J. Bernadette Moore, email: j.b.moore@leeds.ac.uk

References

1. Jones G, Macaninch E, Mellor D, *et al.* (2022) Putting nutrition education on the table: development of a curriculum to meet future doctors' needs. *Br J Nutr*. In press.
2. Royal Commission on Medical Education (1967) *Proc Nutr Soc* **26**, 141–142.
3. Beeken RJ, Leurent B, Vickerstaff V, *et al.* (2017) A brief intervention for weight control based on habit-formation theory delivered through primary care: results from a randomised controlled trial. *Int J Obes* **41**, 246–254.
4. Association for Nutrition (2021) UK Undergraduate Curriculum in Nutrition for Medical Doctors. https://wwwassociationfornutritionorg/wp-content/uploads/2021/10/2021-uk-Undergraduate-Curriculum-in-Nutrition-for-Medical-Doctors-FINALpdf (accessed April 2022).

British Journal of Nutrition