

Inclusion Health Foundation Teaching Programme

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Background

Inclusion health receives limited emphasis within postgraduate medical training, despite its importance in day-to-day clinical work. Populations such as individuals experiencing homelessness, those affected by substance use, and Gypsy, Roma, Traveller, and migrant communities face marked health inequalities linked to social disadvantage and barriers within healthcare systems (Aldridge et al., 2018). Reducing these disparities is central to population health and health equity priorities within the 'Enhance' domains. However, many trainees feel insufficiently equipped to address these needs in practice, reporting low confidence in applying inclusion health principles in clinical contexts (Dixon et al., 2021).

Objectives

To co-produce, in partnership with local community organisations, a series of interactive teaching sessions informed by local population data on marginalised groups, aiming to educate foundation doctors on the health challenges these populations face and equip them with the skills to advocate for them effectively.

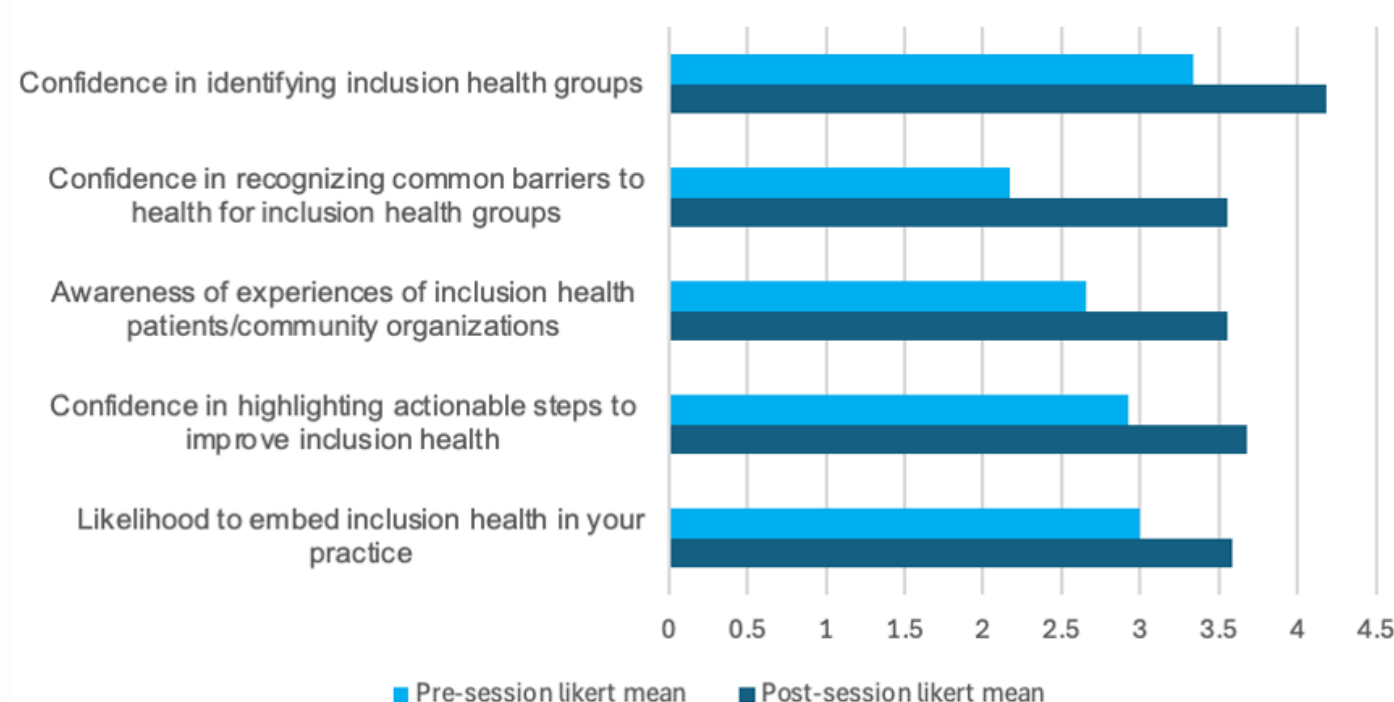
Methods

Teaching sessions delivered to date include:

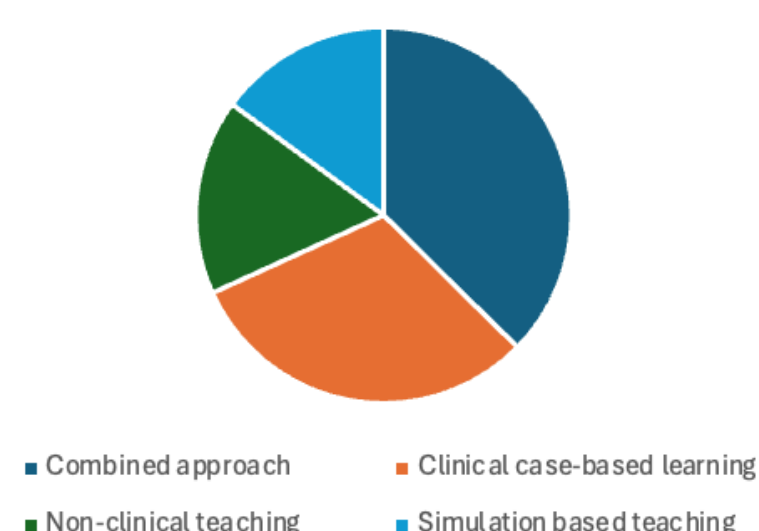
- Inclusion Health 1** - migrant health, Sikh community, criminal justice patients
 - Inclusion Health 2** - GRT community, homelessness, substance use disorder. Session designs were an interactive rotation-station workshop.
 - Migrant Health** - a vulnerable migrant presenting with TB. Session design was an interactive case-based discussion exploring clinical and social complexities
- Feedback:** Pre- and post-session surveys were used to evaluate changes in knowledge and confidence, as well as feedback on session design and delivery

Results

Inclusion Health Workshop Feedback



Preferred Teaching Format for Health Inequalities Teaching



Result

- Approximately 25–30 foundation doctors attended each session. All participants (100%) reported that involvement of local community organisations enhanced their learning experience. Feedback highlighted the value of interactive elements, particularly case-based discussions and the use of audience response tools.
- Representative comments included:

"The Mentimeter quiz was very engaging, and the case-based discussion on suspected TB was clinically relevant."

"I enjoyed the case-based aspect of the session."

Conclusion

These sessions demonstrate that structured inclusion health teaching can improve foundation doctors' confidence in recognising barriers to care and identifying practical, actionable steps to address health inequalities. Co-production with community organisations and interactive, case-based approaches were key to engagement and relevance.

This model is scalable across trusts within Foundation Programme teaching, supporting the development of clinicians equipped to deliver more equitable, patient-centred care.

References:

Aldridge, R.W., Story, A., Hwang, S.W., Nordentoft, M., Luchenski, S.A., Hartwell, G., Tweed, E.J., Lewer, D., Katikireddi, S.V. and Hayward, A.C. (2018). Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. *The Lancet*, 391(10117), pp. 241–250. [https://doi.org/10.1016/S0140-6736\(17\)31869-X](https://doi.org/10.1016/S0140-6736(17)31869-X)
Dixon, H., Povall, A., Ledger, A. and Ashwell, G. (2021) Medical students' experiences of health inequalities and inclusion health education. *The Clinical Teacher*, 18, pp. 529–534. <https://doi.org/10.1111/tct.13388>