

LETTER TO THE EDITOR

## Response to Zadow et al. “Dietitians’ perspective: Fostering momentum for planetary health change”

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Dear Editor,

We read with interest Zadow et al. (2023) “Dietitians’ perspective: Fostering momentum for planetary health change” and applaud the enthusiasm and prioritisation for planetary health (PH) education across all health disciplines. We agree that the time to integrate PH into the curriculum of university health professional programs, if not already initiated, is now. This imperative to improve PH stems not only from an ethical perspective, as Zadow et al. suggest, but also from a professional obligation. The Australian Medical Council has recently updated its medical school accreditation standards for 2024 and, critically, has made a significant focus PH. Students are required to be able to “apply biological, clinical, social, behavioural and PH sciences and informatics in health care”. Following from the dietitians’ experience outlined in Zadow et al., other health professions are likely to face similar requirements in the near future.

Since 2021, at the University of Sydney, an infusion approach has been applied to incorporate sustainability themes through established content within the curriculum. We aspired for the students to be able to describe the role of healthcare as both a major contributor to climate change and recognise the opportunity for innovating mitigation and adaptation strategies. We believe this should include consideration of the way in which climate change affects the environmental determinants of health, the impact of climate change on all health disciplines and the impact of healthcare on the environment.

Over the past 5 years, other medical schools internationally have instigated plans for similar programs. In Australia, Monash University has developed a PH organ-system map to provide scaffolding for curricula (Burch et al., 2022). Metrics to observe institutional change have been initiated by students and recorded by the “PH report card”. Other international medical schools show no consensus on how to integrate PH content into the curriculum, with most schools tending to develop learning objectives through a variety of

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methods: traditional lectures, elective courses, research and extracurricular opportunities. The variability of content is reviewed by Bevan et al. (2023), who found a great disparity between UK medical schools in disseminating PH themes and that PH medical education does not necessarily reflect recent advances in PH knowledge.

When we developed our new PH curriculum, we engaged students in the design of the infusion approach, thus the learning content was targeted appropriately and not perceived as overwhelming. Others have described a successful student-driven approach to curriculum development where students, faculty and administrators worked together in a task force (Navarrete-Welton et al., 2022). Similarly, we found student engagement greater with material selected and developed by students as partners and would encourage future co-curriculum design.

For all health professional programs, the challenge remains regarding how to balance teaching the essential standard curriculum, already dense with foundational science and clinical content, with preparedness for what we feel will be the dominant challenge for 21st century healthcare—climate change. Medical Deans of Australia and New Zealand (MDANZ) have established a Climate Change and Health working group, which will hopefully unite and expedite this content for medical students across Australia. We eagerly await further development in this field and collaboration with colleagues in all health disciplines in this critical task.

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