

Travel Medicine Education – Past, Present and Future (Personal Reminiscences)

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Background

The practice of 'Travel Medicine' only emerged as a special discipline during the 1970s with the advent of 'jumbo' wide-bodied aircraft and the resulting huge increase in international travel. At that time the number of travellers leaving the UK for holidays and business and other reasons was around 5 million a year - it is now around 60 million.

This expanding cohort of new travellers was look-ing for details of required and recommended vaccinations and other advice including malaria prevention for which there were very few authoritative and balanced sources of information available. World Health Organisation and the Foreign Office focused mostly on legal requirements such as the need for yellow fever and cholera vaccination certificates. Some of the advice given at that time now seems rather strange -for example, typhoid vaccine and sometimes immunoglobulin against hepatitis A was advised for Spain and malaria tablets were advised for transit passengers through Saudi Arabia.

Nearly all education for doctors and nurses on re-commendations at that time was led by the vaccine and drug companies organising half-day lectures with an inevitable focus on the need to prescribe. Wall charts usually produced or sponsored by the companies were popular and often included in the free GP newspapers.

Information Resources

The challenge of providing comprehensive and evidence based advice, was taken on in Scotland by the Communicable Diseases Unit (CDSU) in the early 1980s. This was shortly after the BMJ's first 'ABC of Healthy Travel' was published. Previously most enquiries went to the local Medical Officers of Health (MOH) or to yellow fever vaccination centres registered to issue international certificates. However, MOHs at around that time were abolished and replaced by 'Public Health' Consultants. These new consultants usually had little or no training in vaccine advice for travellers and were understandably reluctant to take on the role.

At CDSU (now Health Protection Scotland), I remember regularly receiving more than 100 phone 'travel enquiries' a day from doctors, nurses and sometimes the general public. Many of these calls were very basic: 'What malaria pills do you need for Turkey?' or 'Is a yellow fever certificate needed for India?' Wall charts were usually their only other reference source and the country destination was usually the only factor taken into "risk assessment".

Something had to be done to improve what was clearly an unsatisfactory situation and so 'TRAVAX' was borne. The first step was to compile detailed information on easily accessible cards for each country and used by those answering phone calls.



The first 'TRAVAX' on 'wall cards' and a page from the current on-line version

The next stage was to team up with the Scottish Poisons Bureau that supplied information via 'Ceefax' to A/E departments - however few health centres providing travel health services had the necessary Ceefax terminals. I remember clearly the day when we went to the Poisons Bureaux in Edinburgh for

a demonstration of something called 'the Internet' - it involved using a new invention called a personal computer (a 'PC' - not to be confused with 'Police Constable'!) and some sort of magical link up to others through the telephone - this was all very new and confusing and did not seem to work reliably. We were very sceptical!

Slowly but surely, however, use of the Internet became more widely accepted and the information on TRAVAX was eventually installed by myself and Fiona Genasi (later to become the first Travel health Nurse Consultant in the UK and President of the International Society of Travel Medicine) onto a purpose built website. TRAVAX and its public version 'Fit for Travel' has become a primary source of information throughout the UK and elsewhere but doctors and nurses initially needed a lot of encouragement to use it! We would regularly (politely!) have to say to telephone enquirers *'Please, in future, could you look at TRAVAX first before telephoning us' - or 'Do you think you could persuade your practice to get a computer?'*. If a practice had a computer it was often kept in the doc-tor's consulting room while nurses were seeing the travel patients elsewhere! To our surprise we had representatives from CDC Atlanta visiting us to see what we were doing and eventually they set up a similar resource for the US.

The Need for Training and Education

On-line information however was not enough and we recognised that those using TRAVAX needed training on how to interpret the information and in particular

how to make detailed 'risk assessments'. Two-day 'Practice Nurse' courses were set up in Glasgow and doctors were also welcome to attend. These courses were very popular and were ably led by Lorna Boyne. In 2000 Sheila Hall was invited to take over this role, developing them further and making them available throughout the UK and Ireland as the very popular 'TREC' (Travel Health related Education and Care) courses.

The Diploma

The next stage was when it became clear that there was a demand for a higher level of training for those especially interested in or wanted to teach travel medicine to their colleagues so in 1995 the Glasgow Travel Medicine Diploma Course was started in collaboration with the University, later to be moved to the Royal College of Physician and Surgeons, Glasgow. Many of those who successfully completed this course are now leaders in the field of travel medicine both in the UK and in many other countries such as Australia, New Zealand, Canada and South Africa. It was during one of these Diploma Courses that over an evening dinner table (or perhaps in the pub afterwards if I remember correctly!) that the idea of a British Travel Health Association (BTHA) was borne. This association has had a leading role in offering conferences, a regular newsletter, a journal and other travel medicine resources to travel health practitioners throughout the UK since 1998.



Some of the students on one of the first Glasgow Diploma courses

The Faculty

In 2007 the Faculty of Travel Medicine was established within the Royal College in Glasgow. This was already a multidisciplinary College and including Travel Medicine within its remit is now allowing, in collaboration with the Royal College of Nursing, the development of Standards of Travel Medicine Practice while also providing educational and networking services for its members. As the first Dean, I envisaged the Faculty and the BTHA (now BGTHA) working together in the education field with complementary roles and I am encouraged to see this liaison now being actively taken forward.

Combining Global and Travel Health Education

The most recent educational development is a move towards working together with the equally new speciality of Global Health. The two disciplines are close-ly interlinked. Indeed it is impossible to provide sound advice for travellers without a detailed knowledge of the health risk within countries travellers visit and this information should ideally come from within these countries themselves and not mainly from studies carried out after travellers return to the UK as has often been the case in the past. The interest in 'Global Health' is a response to the 'global village' concept after rapid international travel has become the norm. Pandemics such as Influenza now take only months rather than years to spread worldwide and, due to travel, diseases such as AIDS, previously confined to isolated parts of the world (in the case of HIV infection central Africa) have quickly become global. 'Tropical' and other unfamiliar infections present in most unexpected places.

Also many of us in Travel Medicine have all along felt very uncomfortable about being involved a speciality which is often seen as providing services mainly to well-off international travellers with only a passing interest in the huge health disparities often so clearly evident between the traveller's home country and their destinations.

Encouragingly, the General Medical Council has recently advised all Medical Schools in the UK to include an introduction to Global Health in their undergraduate curricula and more advanced GH Intercolated BSc and MSc courses are also being set up in many universities. In Glasgow, Global and Travel Health courses are integrated and this is a development that I believe should be encouraged elsewhere. These changes have been strongly influenced by lo-bying from the influential student organisation 'Medsin' (Medical Students International) which believes that looking at 'health' from a global perspective is a priority in medical education. It is exciting to have seen the 'BTHA' taking a lead in this by recently becoming the 'BGTHA' opening up opportunities for networking and



*Students at the a recent highly successful Medsin
'Migration' conference in Glasgow*

participation in new educational ventures, looking at health issues from a global perspective and moving away from an 'us and you' way of thinking about health risks when we advise our travellers.

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