Evening Medical Update: Managing Healthcare Delivery March 2023

Health Economics – Mr Alex Bates

Is health economics part of the curriculum to medical schools? If not why?

As I understand it, almost all medical courses in the UK will teach a module on population health, and part of that will be giving an overview of eg QALYs and opportunity cost. However, my clinician friends told me that this isn't especially in-depth, and it isn't designed that clinicians should be able to understand health economics on a fundamental level but rather just part of the background information on why the NHS system is set up like it is. There are also elective modules that take a much more detailed look at health economics (especially global health modules) which probably go into about as much detail as the talk I gave but with a broader focus on integrating the knowledge into clinical practice. Sadly, my knowledge of this is a decade out of date!

I think the reason it is not covered more is because clinical training time is at such a premium that a greater focus on health economics would mean reducing the focus on core clinical competencies. That is probably justified with reference to the fact that clinician - health economist collaborations in the real world are often very successful, so 'outsourcing' the mathematical / statistical part of the health economic toolkit to full-time health economists is normally perfectly sensible. However, as I said in my talk, I think there are a lot of philosophical issues in health economics which are not solvable with a mathematical / statistical framework, and I think a more obvious pipeline for interested clinicians to learn health economics at a high level would greatly improve the quality of output in the field.

Do public health interventions follow a similar pathway for approval/trial?

Yes - one of the biggest selling points of the QALY framework is that it allows comparison between a lifesaving heart transplant worth 40 QALYs to one person and a vaccination campaign worth one QALY to 40 people. There are enough technical / statistical differences between public health interventions and health technology interventions (like medicines and medical devices) that a health economist would tend to think of them as separate disciplines, but the philosophical framework is the same in both. For example, I'll link below the health economic analysis of a recent NICE Public Health guideline on smoking cessation - not easy reading but if you skim it you will notice that the concepts and analysis framework is exactly the same as I was talking about.

https://www.nice.org.uk/guidance/ng209/update/ng209/documents/supporting-documentation-2