

Commission sets out the nature of the predicament facing the health professions and its possible solutions. Their work deserves serious attention.

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I wrote a first draft of an outline for the Commission's final report, but the published paper is a far superior and very different piece of work—of which I am not an author.

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Health professionals for the 21st century: a students' view



The report of the Global Commission on Education of Health Professionals for the 21st Century, in *The Lancet*,¹ calls for a new era of professional education. The production of this report was a tall task, and we applaud the commissioners for taking on such a challenge. Its publication has the potential to profoundly change the way we train future health professionals.

Students, such as us, can play a vital role in implementing the recommendations of this report. The report highlights the importance of the instructional and institutional recommendations for students, the necessity of involving students within the entire process, and the possible courses of action taken by students on either a personal or organisational level.

We endorse the instructional reforms laid out by the commission, including the proposed inclusive approach to competencies, because it is crucial to tackle the obstacles of the 21st century. Our perception is shared by medical students worldwide who have already taken action by developing their own outcome-based core curricula.² They agreed on knowledge, skills, and attitudes to be achieved by all doctors on graduation. The outcome-based core curriculum has served as a framework in many countries, and can be adjusted for specific local needs as postulated by the commissioners. We encourage students in other health professions

to develop a similar core curriculum and engage in discussion with national stakeholders. Students of all health professions in all countries should get involved in joint planning mechanisms, because they are the experts of their own education. Our experience in national and international student organisations provokes the thought that health-care students might already be a step further ahead than their educational institutions.

We encourage the proposed team-based education to break down professional silos. Working in health care means working in multidisciplinary and interdisciplinary teams. As teamwork is a soft skill which can be learned,

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its development should be fostered by the proposed interprofessional courses starting at an early stage. In the past 7 years, international health-care students recognised the importance of interprofessional education, and launched an international forum which brings together students of medicine, nursing, pharmacy, and allied health professions. During these annual World Healthcare Students Symposia, students learn to understand the different professions and discuss the best ways of effective and fruitful collaboration.³ What students try to teach themselves through laborious but successful efforts should not be neglected by their educational institutions.

The proposed focus on the implementation of innovative and promising information and communication technologies merits attention. Although it is not predictable where the movement of evolving new technologies might lead to, we do believe in its potential benefits for the education of medical students. One example of such an emerging innovation is Health Sciences Online, a website that provides hand-picked learning resources from renowned institutions for free.⁴ Students from low-income countries with a lack of resources can especially benefit from such initiatives, although such free initiatives should not counteract the proposal to focus development assistance more strongly on health professionals' education.

The institutional reforms laid out by the commission also receive our support and endorsement. Joint planning mechanisms should meet the needs of the population, and students should be especially involved in these processes. Global learning systems will be crucial within a globalised world, and they can especially empower resource-poor settings. Furthermore, we believe in the ability of educational institutions and

health-care professionals as agents for sustainable social transformation. Through representative bodies, students have already shown the strength of such advocacy campaigns if planned properly and delivered skilfully. Student initiatives have tackled climate change, migrant health, and other issues of global and national relevance.^{5,6}

As health-care students, we encourage all stakeholders to use the Global Commission's report as a basis for further discussion and action. We emphasise the importance of involving students from different health-care professions in the implementation process, and the contribution students already provide to meet the recommendations. We strongly believe in the benefits of this effort, based on the understanding that the ultimate goal of health professionals' education is to improve the health of society.

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Renal sympathetic denervation: the jury is still out

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The Symplicity HTN-2 Investigators¹ deserve credit for building on the proof-of-principle study,² and for addressing a substantial concern³ (the need for a randomised trial) by undertaking the first RCT of renal sympathetic denervation in patients with treatment-resistant hypertension. Hypertension is the most common indication for lifelong treatment, mainly because of the incontrovertible reductions in cardiovascular events.

Despite the abundance of antihypertensive drugs, control of blood pressure rates remains disappointingly low worldwide. Many patients who are uncontrolled present resistant hypertension (ie, uncontrolled blood pressure despite the use of optimum doses of three antihypertensive drugs, one being a diuretic).⁴⁻⁶ Although salt restriction and spironolactone treatment are effective for resistant hypertension, they have not gained