

A centralized Caribbean Medical University for Offshore Medical Schools – An Idea Whose Time Has Come?

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Abstract

Offshore Caribbean medical schools (OCMS) face a number of academic challenges. At present, each OCMS functions as an independent university but most schools do not have the resources for optimal functioning as a university. In this article, the author proposes the formation of a single offshore Caribbean medical university to which all OCMS will be affiliated. The benefits of the university system are discussed in the manuscript. Among these are regulating student transfer between schools, monitoring faculty recruitment and promotion, creating a model curriculum, supporting faculty development activities, ensuring quality control of assessments, providing support with regard to clinical teaching sites, and helping with social accountability and integration with local health systems.

Keywords: ACADEMIC, ASSESSMENT, CARIBBEAN, MEDICAL SCHOOLS, UNIVERSITY

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Introduction

Offshore Caribbean medical schools (OCMS) were originally established to train students primarily from the United States (US) to return to their home country to practice medicine (1). A recent article tabulated key characteristics of various OCMS (1). Most admit students three times a year in January, May and September. A semester of study is of 15 weeks duration and with various examinations the available period for teaching-learning is only about 12 weeks in a semester. There is wide variation in the tuition fees charged and the quality of educational programs offered at OCMS.

Challenges Faced by OCMS

Most OCMS are accredited either by the Caribbean Accreditation Authority for Education in Medicine and Other Health

Professions (CAAM-HP) or the Accreditation Commission for Colleges of Medicine (ACCM) (2). The authors of a recent article mention a number of challenges with regard to OCMS. Among these are geographical and social isolation of faculty members, decreased opportunities for personal development, less emphasis on practical skills and small group learning, greater emphasis on didactic lectures, problems of social accountability and integration with local health systems, decreased emphasis on research and publication, and problems with clinical training among others (2).

ECFMG Guidelines

The US Educational Commission for Foreign Medical Graduates (ECFMG), the body responsible for international medical graduates (IMG) has announced that effective from 2023, medical graduates applying for ECFMG certification should graduate from a medical school which has been ‘appropriately’ accredited (3). The looming deadline has created uncertainty among OCMS and a scramble to obtain regional accreditation. Both the regional agencies have been recognized as

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using criteria similar to those employed by the US Liaison Committee on Medical Education (LCME) and/or the World Federation for Medical Education (WFME).

Proposed Offshore Caribbean Medical University

OCMS have traditionally operated in isolation and as competitors, though large corporations do own a few medical schools. In addition to North American students, many new OCMS recruit students primarily from South Asia, the Middle East and West Africa. An offshore Caribbean Medical University (OCMU) could strengthen and regulate the quality of education and academics. As a first step toward this, an organization like the Association of American Medical Colleges (AAMC) can be created. At present each OCMS operates as its own university and many do not have the academic and financial resources and the academic independence for optimal functioning (4).

Regulating Student Transfer between OCMS

Students studying in OCMS can easily transfer between schools. Students not happy with an academic or a promotion decision can transfer or threaten to transfer creating pressure on the academic leadership. The intense competition often results in undercutting and these students may be easily accepted by other schools. Establishing a university will result in all transfers being reviewed and approved by an external authority and being regulated. In India, for example, all migrations of medical students from one medical college to another within India have to be approved by the Medical Council of India (5).

Quality of Faculty

Each OCMS follows independent selection and promotion criteria for faculty. Most schools mandate that faculty requires a postgraduate degree in their specialty but financial pressures may mean that faculty with a basic medical qualification may be recruited. The

university can verify the academic credentials of the faculty and approve appointments and promotions. Such a process is common at other universities (6).

Curriculum

Each OCMS has their own curriculum and course of study often derived from the United States Medical Licensing Examination (USMLE) guidelines and from the syllabi of North American medical schools. Many teachers struggle to develop their curriculum in line with changes in the practice of medicine. Some medical schools lack persons with an advanced training in medical education and others have only one or two educators. A university will provide an opportunity to create a pool of educators to create a model curriculum which can be followed by OCMS. This is commonly followed by the colleges affiliated to medical universities especially in India (7). In India, however individual colleges do not get the freedom to customize the curriculum, which I believe is very important. Individual OCMS should, however, have the authority to create about 30% of their syllabi and courses of study.

Practical Sessions during the Basic Sciences

Lectures are the dominant teaching-learning method as it is the most cost effective and one lecturer can teach a large number of students. Practical sessions are often not conducted and facilities for the same are lacking. OCMU can mandate practical sessions during the basic sciences and develop logistic requirements for the same which each OCMS has to follow. This process is followed by universities and other organizations in different countries for the undergraduate medical course (8).

Faculty Development

OCMU can schedule faculty development activities at various constituent medical schools. They can create a pool of eligible educators from the region and beyond who

could facilitate the sessions. The university can mandate a certain amount of faculty development activities which each faculty is required to complete every year. These sessions can serve as a means for faculty from different schools to get to know each other and provide opportunities for collaboration. The regional accreditation agency, CAAM-HP conducts a yearly workshop on topics related to medical education primarily targeting the academic leadership of OCMS (9).

Quality Control of Assessments

OCMS as independent universities conduct their own assessments during both the basic and the clinical sciences. The quality of assessments varies widely between medical schools. During the basic sciences, assessment is mainly through single response multiple choice questions modeled after the USMLE pattern. Other methods of assessment are used in some OCMS but are not universal. During the clinical sciences some schools conduct standardized clinical exams while others depend on formative assessments. The choice of assessment depends on the teaching hospital which admits students from different OCMS. Also assessment results and promotion could be influenced by a variety of non-academic factors. Some schools use external standardized exams like the one provided by the US National Board of Medical Examiners (NBME). OCMU could provide better quality control of assessment, though, the details will have to be worked out. As mentioned previously with the curriculum, about 70% of assessments could be controlled by the university and OCMS could have the freedom to decide on the remaining 30%.

Clinical Teaching Hospitals

Most OCMS do not own their own clinical teaching facilities and have traditionally depended on US hospitals to provide clinical training for their students (10). Clinical training fees are major source of revenue

for hospitals. Some OCMS also use clinical training facilities located in the Caribbean. However, most schools are located on small Caribbean islands and clinical training facilities are limited. The University of the West Indies operates three medical campuses with affiliated teaching hospitals on the islands of Jamaica, Barbados and Trinidad and Tobago and the system offers a limited number of seats for OCMS students for clinical rotations. These are relatively bigger islands with a larger population. Most OCMS also face challenges in providing early clinical exposure (ECE) to their students. The proposed OCMU could provide support in finding clinical and ECE sites within the Caribbean. Quality control of these clinical sites will be facilitated and there will be greater progress toward ensuring uniformity of rotations at various clinical sites. In my opinion, the University could also play a role in providing support with regard to quality control of clinical rotations in US hospitals.

Social Accountability and Integration with Local Health Systems

OCMS have a complex task with regard to ensuring social accountability of their programs. Students complete their basic sciences in the Caribbean. They do their clinical rotations in the US and various Caribbean countries. Students in some OCMS do their elective rotations in locations outside North America, in their home countries primarily India and Nigeria. With such complex needs, ensuring social accountability and integration with local health systems becomes a challenge. ECE and community health activities could partly help to develop linkages with local Caribbean health systems. In my opinion, the OCMU through its links with local governments and professional associations could assist in this process.

Variation in Tuition and Other Fees

At present the tuition fees charged by OCMS

Table 1: Role of the proposed University in addressing challenges facing offshore Caribbean medical schools

Challenge	Role of the University
Regulating student transfer between OCMS	Review and approve all student transfers between constituent OCMS
Quality of faculty	Create criteria for appointment and promotion of faculty Monitor and approve faculty appointments
Curriculum	Create a model curriculum using a pool of medical educators Monitor the curriculum delivery at constituent OCMS
Practical sessions during the basic sciences	Mandate practical sessions Create logistic requirements for the same which OCMS should satisfy to be accredited
Faculty development	Schedule faculty development activities Create a pool of faculty educators Mandate faculty education activities to be completed by each faculty
Quality control of assessments	Create a model scheme of assessment Depute trained observers to oversee assessment at OCMS and teaching hospitals
Clinical teaching hospitals	Support in locating clinical sites and sites for ECE within the Caribbean Periodic monitoring visits to teaching hospitals
Social accountability and integration with local health systems	Help with community outreach and early clinical exposure activities through links with local governments and organizations

varies greatly. The cost for the program varies from USD 250000 at one university to USD 47500 at another (11). The newer less established OCMS usually charge lower tuition fees. Formation of an OCMU may help toward eventual regularization of tuition fees.

Conclusion

Formation of an Association of offshore Caribbean medical schools modeled on the AAMC could be a good first step. The AAMC was formed in 1876 in Philadelphia, US by the representatives of 22 medical schools (12). While different OCMS will compete for students and other resources, formation of the association could help in the eventual formation of a single university. The university will work closely with the two main regional accreditation agencies to strengthen standards of medical education. This will ensure OCMS are supported in their quest to meet the challenge of 2023 and other future regulatory challenges (Table 1).

Conflict of Interest: None Declared.

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