GLOBALIZATION OF MEDICAL EDUCATION

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Globalization – the new 'in' catchphrase – appears to have evolved from concepts of "global village" and "think global, act local" as the one-word categorization of an age-old concept wherein all countries of the world should be equitable and free partners in enterprises that, of necessity, should be shared and implemented with standardized quality control measures. The mission of globalization is to enable uniform and standardized services to the common man anywhere on the globe, and not just in a few elite locations that are accessible to the privileged few.[1] To take an example of healthcare, citizens of the developed world enjoy a quality of healthcare that is not even dreamed of by patients in sub-Saharan Africa, many parts of Asia, and indeed in most parts of the developing world.[2] Moreover it is often impossible for people to travel from poorer countries to the affluent nations for health services due to costs, culture, religion and other reasons. Therefore the obvious strategy is to enable uniformly accessible and standardized health services to people in their own settings. Medicine, by its essential altruistic nature, demands that it be practiced without any boundaries of state, culture, race, religion or any other constraints that prevent access of human beings to their optimal health. The globalization of healthcare is therefore vital towards achieving the goal of global health for all.

Along with many other enterprises, education and medical education also suffer from non-uniform standards that create turbulence in achieving the concept of globalization.[1] In general, a medical graduate from a developing country is not at par with one from the developed world and frequently faces communication and conceptual hurdles when applying for jobs abroad, or in healthcare practices once employed in the medically advanced nations. Medical education also suffers from the unique problem of difficulty in relearning new concepts as one travels to advanced countries, even though current medical practices can be learnt that are rife and unique to the new setting of employment. It is therefore important that the formative years in a medical school be broadened to the extent possible to allow a medical graduate easy adaptation to most, if not all, settings at the international forum; this is the concept behind globalization of medical education.[1,2]

The current strategy for globalization of medical education revolves around two aspects - Standards and Accreditation - developed by mutual partnership between the WHO (World Health Organization)[3,4] and WFME (World Federation for Medical Education)[5] in 2004 that resulted in publishing of Guidelines for Accreditation of Basic Medical Education in 2005.[6] Earlier in 1997, the WFME had published the Global Standards program that is now being effectively followed by many countries around the globe. The Global Standards for Quality Improvement covers areas related to basic medical education, postgraduate medical education, and continuous professional development of medical doctors. The Guidelines for Accreditation cover fundamental, legal, and organizational aspects, accreditation criteria, process, decisions, public announcements and benefits of using accreditation; it also recommends both internal and external evaluation of institutions, independence and transparency of the accrediting agency and the use of predefined medical education-specific standards for accreditation.[6]

The question of adoption of globalized medical education in concept and implementation deserves serious deliberation.[1,7] For most medical institutions, it entails replacement of older curricula in line with modern educational

innovations and improvements in content and delivery, with emphasis being on student-centered learning rather than mere transfer of knowledge through passive lectures by teachers.[8] Moreover the concept of a global medical graduate is that of a successful community-based practitioner and researcher able to provide leadership in healthcare to different levels of society at an international scale as well as in the local or native scenario. To achieve this, basic medical education and training have to go beyond developing competence in local health conditions and emphasize the global arena in which the medical graduate may be called upon to deliver healthcare in all its aspects. Thus previously neglected areas, such as communication skills, team work, multi-disciplinary / inter-disciplinary approaches and problem solving abilities need to be developed and inculcated in the modern medical student. A paradigm shift of medical education is thus called for, where basic medical education is intimately and realistically integrated with clinical skills; based on acquired trusted clinical competencies, the medical graduate would imbibe fundamental expertise to practice the profession in any part of the world that would require relevant services merely by applying universal management and problem solving skills to the new local scenario. It is this set of universal healthcare skills that modern medical institutions should seek to acquire and include in the teaching and training of their medical personnel so that achievement of globalized healthcare becomes a possibility. Local regulatory bodies for medical education and healthcare, such as PM&DC (Pakistan Medical & Dental Council) and HEC (Higher Education Commission) in Pakistan, are responsible for blending such skills and competencies in their national curricula in line with the guidelines of the WHO, WFME, FAIMER (Foundation for Advancement of International Medical Education and Research), ACCME (Accreditation Council for Continuing Medical Education) and others. The regulatory bodies must establish minimal acceptable standards of medical education and healthcare required for national and international accreditation based on the need and concept of globalization; they also must ensure and implement a process of continuing professional development so that gradually the national health standards develop at par with the best possible international standards.[6,7]

The major benefit expected from globalized medical education would be the production of medical graduates with a uniform standard of professional competency that would allow compatibility in the international job market, thereby allowing any young doctor to successfully compete and perform in any country of choice, based on a globally recognized medical degree and license to practice. A global pool of professionals would be created who could rotate in many countries, based on needs of patient-doctor ratios and help offset the shortage of doctors in many developing nations. It would also become easier to share the latest medical knowledge, whether clinical or research-based, between professionals who share a similar vision and mission. A further expectation is that the costs of medical treatment would come down once global medical resources are shared.

Such global physicians are expected to further develop the field of Telemedicine, as it has important implications for the practice of global medicine. A global Telemedicine network would make it possible for medical assistance, knowledge and practice to reach into the farthest areas of the globe, not currently accessible.

Similarly, medical students would benefit from live or archived lesson contents, videos, demonstrations, seminars, webinars, conferences, etc. to be delivered right into their local classrooms from the global educational network, thereby becoming part of a global medical student community benefitting from uniformly high standards of quality education. Student and faculty exchange programs would become more feasible

and commonplace with a significant impact on developing the mental attitudes towards alleviating patient suffering throughout the world and not just in the local scenario.

Global medical tourism[9] is expected to benefit from globalized medicine as the fear of getting inadequate medical care will be done away with. Medical tourism will no longer evoke the moral and ethical dilemmas as at present and patients could freely choose the country and the professional expertise that they would like on a global scale. Ultimately the global economy is expected to change for the better.

A few current hindrances to globalized medicine deserve mention.[10] These include the phobias of nationalism, ownership rights, administrative bottlenecks, hesitancy to comply with global standards and a general fear of feasibility of healthcare on a global scale. Many other minor issues also perturb the minds of professionals and other stakeholders; however, it is expected that all these can be addressed with an attitude of goodwill directed for the greater good of mankind and the welfare of patients.

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