

Does overseas delivery of the clinical years of a GMC-approved undergraduate curriculum disadvantage students in UK clinical examinations? Implications for transnational medical education collaborations

Polack C. Timm A. & McManus B. / Medicine: Primary Care, Population Sciences & Medical Education

Introduction

International educational collaborations hold promise for additional recruitment above student quotas, however, few UK medical schools have experience beyond in-programme student transfers from the International Medical University, Malaysia. Notable exceptions include St George's Cyprus programme and Newcastle's Malaysia campus. The poster reports on an innovative collaborative programme - the BM(EU)- between the University of Southampton and a German healthcare provider. We seek to share relevant assessment data and raise issues, relevant to other UK medical schools or deaneries embarking on transnational medical education collaborations.

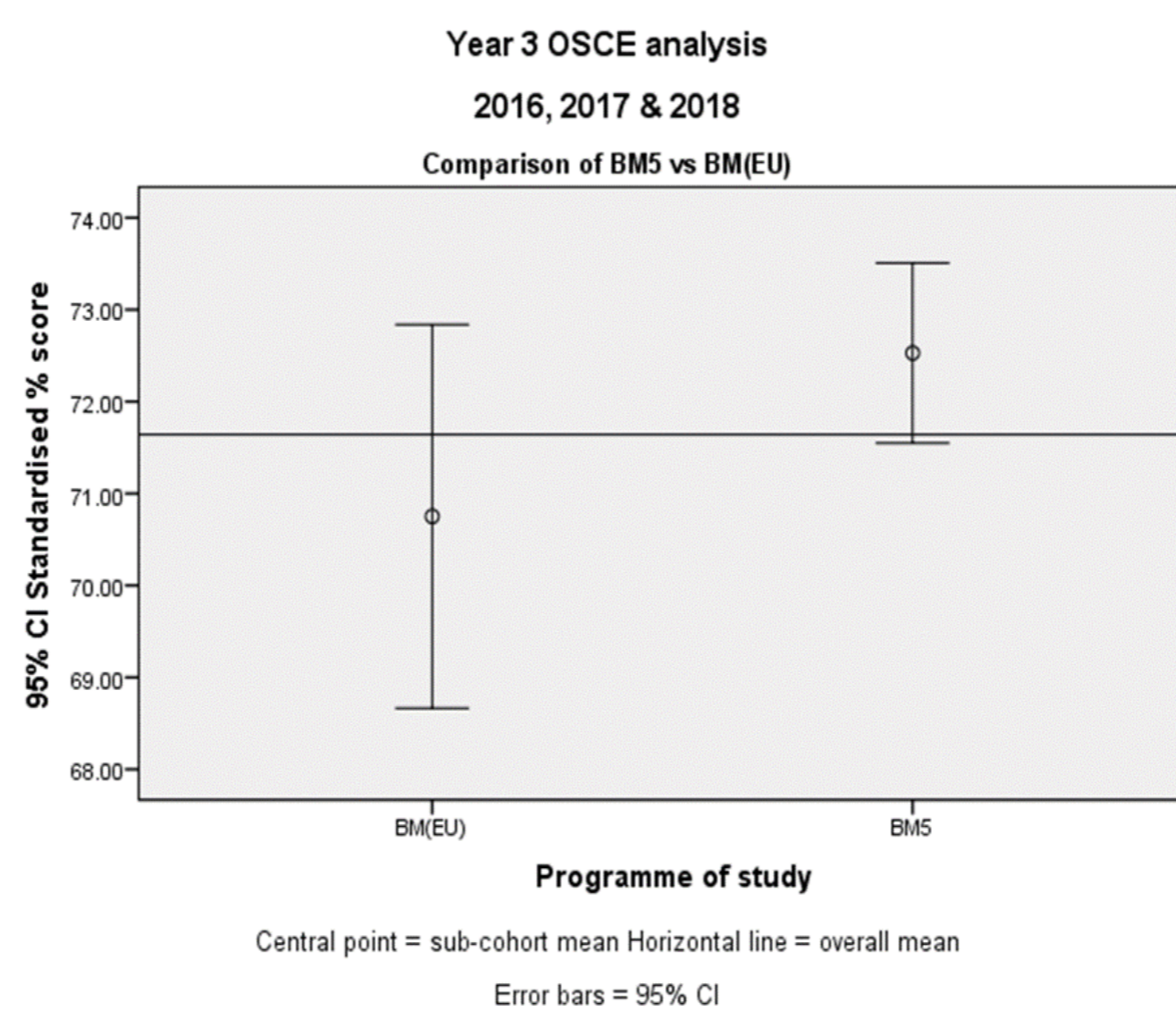
The BM(EU)

Following an intense two year development period, the first BM(EU) cohort enrolled in 2013. So far, two cohorts have graduated.

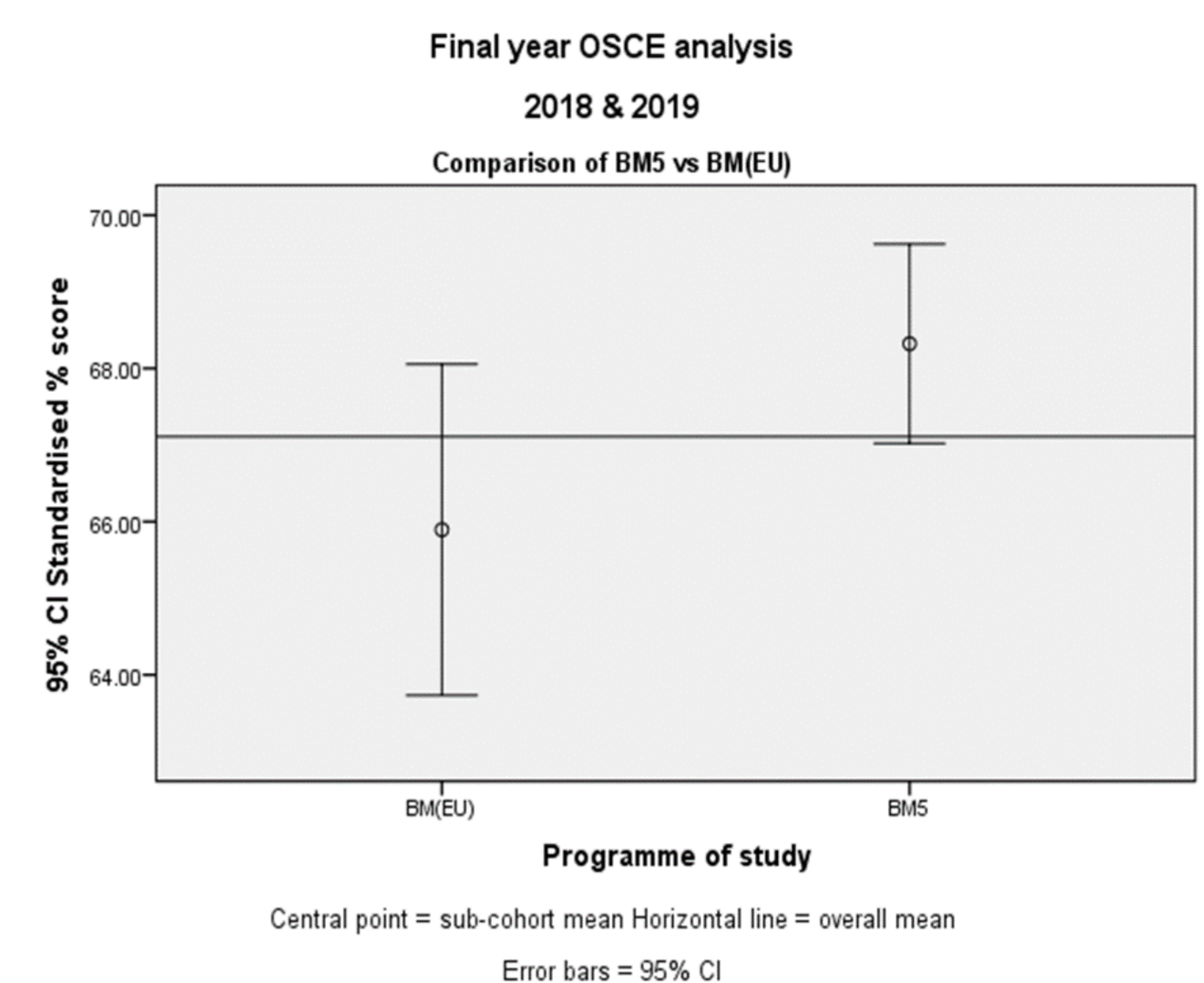
Student admission and selection processes are very similar to Southampton's standard school leaver BM5 programme, except that BM(EU) applicants must prove both English and German language proficiency. Both programmes are quality-assured by the General Medical Council (GMC).

For the first two years the cohorts study together in Southampton. In Years 3-5 BM5 students undertake clinical placements in Wessex but BM(EU) students' placements take place in Hesse, Germany.

BM(EU) students learn clinical medicine in the German language and culture but undertake major clinical assessment (OSCEs) in Southampton in English and in a British context. BM(EU) graduates carry out Foundation Year 1 training at Klinikum Kassel (overseen by the Wessex Deanery) to complete full GMC registration.



Year 3						
Programme of study	Mean %	N	Std. Deviation	Std. Error of Mean	95% CI	Upper 95% CI
BM(EU)	70.75	62	8.21	1.04	+/- 2.04	68.71
BM5	72.53	411	10.11	0.50	+/- 0.98	73.51
Total	72.30	473	9.90	0.45	+/- 0.89	73.19



Final year						
Programme of study	Mean %	N	Std. Deviation	Std. Error of Mean	95% CI	Upper 95% CI
BM(EU)	65.89	36.00	6.38	1.06	+/- 2.09	63.81
BM5	68.32	246.00	10.35	0.66	+/- 1.29	69.62
Total	68.01	282.00	9.96	0.59	+/- 1.16	69.17

Results

The BM(EU) students have a lower mean score, but there are no significant differences between the exam performance of the BM5 and BM(EU) cohorts in OSCEs. No significant difference was found in terms of applied knowledge scores either (these are not shown). We are aware that, because the numbers in each BM(EU) cohort are small, the analysis may not detect small differences in performance because of insufficient power. However, all students in the first two cohorts who entered final year passed their OSCEs and graduated.

Methods

We compared BM(EU) and BM5 student performance in clinical examinations only, using all available data in an aggregated format. We drew on the OSCE results from all available years.

The numbers of students in the two programmes were as follows:

Year of study	Year 3			Final Year	
	2016	2017	2018	2018	2019
BM(EU) n=	14	26	22	14	22
BM5 n=	138	141	132	109	137

Conclusions

Our findings indicate that:

- Clinical experience overseas does not significantly disadvantage students in UK clinical examinations.
- UK learning outcomes can be met abroad.

Implications

- The BM(EU) model could be scaled and/or replicated elsewhere and in other health care professions.
- The BM(EU) has brought significant benefits for the Faculty, staff and home students as well as the German placement providers.
- The learning from international collaborations directly and indirectly can benefit patients in both partner countries

Challenges

- The operational challenges include recognising differences in health care systems, professional cultures and organisational priorities.
- Wider challenges include political shifts at local, national and international level, e.g. BREXIT and in funding regimes.
- It is vital to facilitate sufficient buy-in from UK and in-country staff (who are asked to teach and assess students in new and different ways); staff development and building relationships are key.
- Achieving a balance between assuring UK standards and respecting local ways of working while being open and transparent about the differences. This is key as international comparisons create powerful learning opportunities for both staff and students.