

# BRITISH MEDICAL JOURNAL

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*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al: and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

## St George's University School of Medicine, Grenada: benefit or liability?

SIR,—I first became aware of the St George's University School of Medicine, Grenada (24 July, p 276), when I heard that several of their undergraduate students were working in NHS hospitals in the Wessex Region. I understood that they were to have clinical experience in these hospitals for a full year. My first concern was that this had been inadequately arranged. If we are to have any students in our hospitals I believe it to be essential that they should be properly catered for educationally or the purpose of clinical attachments is lost. At that time I was far from sure that St George's students had a proper and varied clinical year, organised on a similar basis to that of UK students. For Southampton students there has been very careful preparation over many years so that they may gain progressive experience in regional hospitals. This has involved negotiation with and co-operation from consultants and regional, area, and district health authorities. A true partnership has been built up, as it has been by all UK medical schools and the NHS authorities. I had no desire to try to prevent St George's students from gaining proper experience with us, but I did not see how this could be done without similar consultations and negotiations, and I still hold to this view.

What seems to have happened initially in the Wessex Region is that St George's has privately negotiated with a few consultants for them to take students. That is quite usual, and we have a long and honourable tradition of taking foreign students

for short electives, which is highly desirable. But these are normally arranged on an individual basis. We take American, German, French, and Australian students, but we do not undertake to supply a full clinical year's teaching for any foreign university or institution. Herein lies a difference. If an overseas university wished to do this, then I believe it would be expected to ask permission to do so from NHS authorities and universities of the UK, which look to the NHS for the provision of facilities for teaching. These facilities are provided by the British taxpayer, mainly for his own benefit. He is typically generous in allowing the use of what he provides for other good causes in special circumstances, but if that provision is to be used routinely by a foreign institution I believe he would expect to be consulted before agreeing.

Consultants are not the owners of the resources they use. They are stewards given authority to use them by NHS authorities. If they should use them in some unusual way I believe that this new use should be with the agreement of the authorities for whom they work and are in contract. Indeed, the presence of anyone working in a hospital and not in contract with the controlling authority of that hospital should be reported to it, so that it may give or withhold permission. It is in this sense that I regard the operations of St George's as being immoral, in that it has not behaved in accordance with usual custom. I wish it would. There can be little disagreement with the idea of taking foreign medical students in small numbers and provided that their presence does not impair the clinical education given to our own students, and that is a matter for discussion too. So far as I have been able to discover St George's has not obtained permission for clinical instruction of its students in the Wessex Region from the Regional Health Authority.

A further point is that St George's students do not receive a medical education which is comparable with that of UK students. It is much more theoretical in the basic sciences, except anatomy, neuroanatomy, and histology. It may be, of course, that our own system is too heavily overloaded with practical work and our teachers may be too immersed in research work. But that is not the point. The British standards have evolved, however imperfectly, and it is they which are the benchmark. At present St George's does not match them. It would have to do many things to do so, and I have suggested them privately to the school. This is what I meant when I said that we support two quite different philosophies of medical education. The practical importance is that it is St George's which must conform to the British system if its students are to be acceptable on British terms. It is not that the UK must conform with the philosophy of St George's. The fact that St George's students are highly motivated and hard-working and seem to be as good as our own must make us think hard about our own system of education in the basic medical sciences, but that does not mean we should abandon our own beliefs about what is right and uncritically accept the other view.

It is arguable whether there are too many doctors being produced in the world. It is certain that they are maldistributed. If St George's truly makes a contribution of some magnitude to solving the problem of maldistribution it must be applauded and should be helped. If it is only making matters worse in Western countries then it must be looked at with some scepticism. Its avowed intentions are laudable, but it is being diverted from them by many factors. We are all aware that many more people wish to become doctors than we probably have need of in the Western world. Is