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

SIR,—As both a St George's student and a clinical clerk at the North Middlesex Hospital I read with particular interest Dr Richard Smith's presentation on St George's University (24 July, p 276). I would like the opportunity to address several of his points, not in the hope of eradicating the "controversy" (the mainstay of the clinical disciplines) but to present additional views and insight.

While the origins of St George's University appear quite unorthodox, its founder Charles Modica, not unlike Charles Hastings 150 years before, detected a specific "need" in the medical establishment. Both individuals were able to apply their organisational skills to work for the implementation of their respective visions. The recent emergence of "new" medical schools is certainly not unknown to Britain. In the last 10 years, three new medical schools (Nottingham, Southampton, and Leicester) with fresh innovative programmes have been established.

Dr Smith stated that we receive practical experience in "only anatomy" during our basic sciences programme. We have both didactic and extensive laboratory practice in histology, pathology, microbiology, pharmacology, and physical diagnosis in addition to gross anatomy. The material and equipment were those representing the current "state of the art" and would be welcomed at most North American, British, and European centres.

Regarding the students themselves, on the average we are older and have taken unique and varied pathways to medical school; our diversified backgrounds seem appropriate for the current changing face of medicine. Dr H G Gough has written: "A class of medical students composed entirely of the psychological clones of a single great model, be it a John Hunter, a William Osler, or a James Paget, would be lacking in the variety of talents and interests that the profession requires."[1] The majority of the students are not "rich kids" wanting to be doctors but highly motivated individuals (from all socioeconomic strata) who "pay their dues" by working two summer jobs, being separated from spouses who are at home working, and from parents who have second mortgages on their homes to pay for tuition, or by taking alternate terms off to work.

Concerning the benefits to the Grenadian community, Dr Smith has already mentioned the obvious economic advantages. To this I would like to add the documented scores of West Indian youngsters who have received ophthalmic and cardiovascular surgery (at US centres) through the combined efforts of the students and the faculty. The students' involvement with and support of the handicapped children's home, the mental retardation school, the orphanage, and family planning clinics are renowned throughout the Spice Islands.

Critics have questioned the "need" for the school in view of the physician surplus in North America and Great Britain. This surplus goes virtually unnoticed in many rural and turbulent inner city centres unable to attract most "homegrown" graduates. The doctor glut is deceptive when one closely examines the distribution imbalances that underlie the narrowing physician-patient ratios.

Concerning our lack of "on site" clinical facilities, our programme of "in house" basic sciences and "foreign externships" is neither unique nor unprecedented. Mr Richard Wakeford has written: "Although medical degrees have been awarded by the University of Cambridge for over 500 years and the 'Regius Chair of Physic' was established in 1540, the only part of the medical course taught in the university was the preliminary basic medical science section. Students used to proceed to hospitals in London and elsewhere for their clinical training."[2]

In respect of Dr Smith's point of the "immorality" of using NHS facilities for our clinical training I would like to contribute the following. Our school is not infringing on any British medical school facilities, programmes, or resources. Our relationship is symbiotic at every level with the NHS. The clinical material is abundant; the "scut work" is there and most certainly needs to be done; the consultants in the non-teaching hospitals in which we participate are seemingly eager and grateful to instruct; the junior staff appear restimulated with the "unexpected" teaching environment we encourage; the UK students doing their electives alongside us benefit from the tutorials established for our edification (they are welcome and encouraged to participate); and, most importantly, the patients receive additional attention and consideration.

Dr Smith's article has done a great service to our institution by presenting all the controversial aspects of our existence; we welcome continued constructive criticism in the hopes that we will evolve into a respected educational alternative. My lame conclusion is that I'm sure that in addition to Margaret Thatcher Sir Charles Hastings would also approve.

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1 Gough HG. *Medical Teacher* 1979;**1**:17-20.
2 Wakeford R. *Medical Teacher* 1979;**1**:305-10.

SIR,—Professor P Rhodes implies (7 August, p 436) that permission was neither sought nor obtained for clinical instruction of students from St George's University School of Medicine, Grenada, in the Wessex Region. The first students arrived in Wessex in 1980, when consultants were in contract with their area health authorities. In Winchester approval was given by the district management team, the area medical advisory committee, and the area health authority (teaching). These events occurred before Professor Rhodes took up his present post as postgraduate dean in Wessex, and understandably he may not have known the full background.

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SIR,—I have met and taught several medical students from St George's as well as our local Southampton students. The attachment of both groups has not been haphazard: in each occasion an approach was made by a local clinical tutor. The students from St George's were very committed to their training programme and conscientious in their attendance and read up the clinical material—possibly because they are paying heavily for their education.

Working in a busy district general hospital I enormously enjoy teaching students from Southampton or elsewhere. This makes heavy demands on one's own personal timetable. The farewell thank you by the medical students at the end of the day is sufficient. No financial gain is involved in teaching medical students from Grenada. I personally hope that they continue to come and "stimulate" us, as teaching is a two-way process.

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SIR,—It was not my intention to write again so soon after my previous letter (7 August, p 437) concerning St George's but the letter from Professor P Rhodes that was published in the same issue (p 436) contains a fundamental misconception that cannot be allowed to pass unchallenged.

The Vice-Chancellor of St George's has written formally to the General Medical Council seeking limited registration of the St George's degree. It is important to understand why the school is pursuing this course. It is not for the benefit of those St George's graduates who may wish to undergo postgraduate study in the UK, as they could achieve this as individuals with the PLAB examination, but to assure the governments of underdeveloped countries that the students they send to St George's will receive a bona fide medical education. This is an important objective for the school if it is to develop fully as an international medical school, and yet in his letter Professor Rhodes states quite clearly that in his opinion as far as St George's and the UK are concerned, there are "two quite different philosophies of medical education. The practical importance is that it is St George's that 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." Herein lies the misconception, because in 1967, the GMC noted "with satisfaction, the wide variation in the method and content of medical education which is emerging between different schools. . . . The Council is anxious to increase the new flexibility in the planning of curricula in the different schools. The Council thinks it is now widely accepted that in medical education there is no single pathway to success. Identity rests, not in the path but in the goal."

It is because St George's acknowledges the paramount importance of this identical goal described by the GMC that it has established final clinical/oral examinations which are modelled on UK standards. The fact that a school reaches this goal by a different system should not debar it from acceptance by the UK.

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SIR,—In 1979 I was the first British junior doctor to be employed by St George's University School of Medicine and worked as a surgical registrar in Grenada. Although this was a new post it was not long before I became integrated with the other medical staff and helped with the clinical work load.

Apart from my clinical duties I also taught St George's medical students in the hospital.