

Research Title

Can a specialist Foundation programme adequately prepare international students to study Medicine in the UK? An exploration of the experiences of international students on a specialist Foundation programme which prepares them for undergraduate study in Medicine.

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Degree of Doctor in Education (EdD)

Declaration

I, Cheddiann Ishmael, confirm that the work presented in this thesis is my own.
Where information has been derived from other sources, I confirm that this has
been indicated in the thesis.

Acknowledgements

This thesis has been an exhilarating undertaking and one that has taken me on a personal journey. It has opened up a new and different perspective of understanding and making sense of the world and, for this reason, the study has been of immense personal value. However, without the support and assistance from a number of people, it would not have been possible. I would therefore like to express my gratitude to all the participants who gave up their time to talk to me about their experiences and for the unwavering support I have received from my supervisor, Professor Ann Hodgson. Special thanks to my family, Mohammad, Aaram and Shonam for their untiring support throughout my studies – for the endless cups of tea and for their wise counsel.

Dedication

This study is dedicated to my father, who taught me to value education and who continues to be an inspiration in my life; to my mother who gave up so much to give us a better life, and to my children, that they will find their true path in life, be happy and make a positive contribution in all that they do.

Abstract

Given the unique challenges of securing a place on a Medicine undergraduate programme in the UK, the study explored the experiences of international students on a preparation for Medicine Foundation programme, and questioned whether such a programme could adequately prepare them for admission to Medicine. Underpinning the study, the concept of internationalisation of education was explored, as the Foundation programme is part of a Medical School's internationalisation strategy. It is argued that internationalisation cannot be separated from the legacy of past colonialism and the new imperialistic practices of today; thus, the study is embedded within a postcolonial theoretical framework. Within such a framework the inequalities, both national and global, to which internationalisation contributes were explored further in relation to the Foundation programme.

A primarily qualitative approach was employed and semi-structured interviews were conducted with three groups of students (former Foundation students, non-Foundation international students, and home students) for comparison; senior members of a Medical School; marketing staff and Medicine Problem-Based Learning (PBL) tutors. The interpretation and analysis of the data generated were embedded within a postcolonial theoretical framework which sought to illustrate how the legacy of colonialism, in the form of neoimperialistic discourse, continues to dominate and shape the world, including the education of international students on the Foundation programme.

The findings of the study revealed that with appropriate preparation and self-study, Foundation students can be successful in gaining a place to study Medicine. The study also revealed a number of ways which illustrate how internationalisation, despite idealistic aims, is driven by financial imperatives. Within a global context, it represents another way in which the Global North continues to exploit the Global South, thus perpetuating inequalities, both globally and within poorer nations. The practical recommendations from the findings have contributed to the development

of this unique Foundation programme by providing a more transparent application process and robust preparation for international students to meet the entry requirements for undergraduate Medicine. These recommendations will be of relevance to other international Medicine Foundation programmes, and some aspects, particularly the role of agents, to most programmes that employ agents in the recruitment process. The study also highlighted a need for medical schools to develop a coherent definition of what is meant by the internationalisation of medical education and its fundamental tenets, and how their curriculum can attempt to critically address the inequalities perpetuated by the legacy of colonisation and the new imperialism of today. The study adds to the body of literature that explores the contribution of postcolonial theory to education, and presents another facet to this discussion: that of medical education programmes intended solely for international students.

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Personal Reflection

Upon embarking on the Ed D programme, my fellow students and I were asked why we wanted to gain a doctorate. As I listened to the wonderful reasons given by my colleagues, my only response was that I wanted a challenge. Indeed, at that point, I had no clear rationale to explain why I wanted to complete a doctorate. On reflection, the decision to study for a doctorate at that time was primarily to please my family and for the prestige it could bring to my career development. I recall most vividly a statement made by one of my colleagues at that first session: that no one ever completed a doctorate, since studying for a doctorate changes you with the result that you become a very different person to the one that started out. At the time, it seemed an interesting statement but one that held no meaning for me. However, upon completing this thesis, I find that this is no longer the case. I ended my thesis by stating that

A greater understanding of postcolonial theory and the neoimperialist strategies of current global governance has opened up a new and different perspective of understanding and making sense of the world and, for this reason, the study has been of immense personal value.

I have written many concluding statements during my academic career, but none have been as heartfelt and honest as this one. In many ways, not only has the thesis been an exhilarating undertaking, but one that has taken me on a personal journey. It has given me a new understanding of the world and made me question issues in a very different manner than before. It has also allowed me to experience an academic world which I had previously only participated in on the periphery and had not fully appreciated. I cannot deny that working on the thesis has been the most enjoyable part of the Ed D programme, but acknowledge that this study would not have been possible without the skills and confidence acquired from the preceding taught modules and assignments that I have completed.

My Ed D journey has not followed a straight and logical path and, on reflection, I note two major diversions. Upon applying to the doctoral programme, my intended

proposal focused on issues concerning the introduction of a new 14–19 diploma, as this development was about to impact significantly on the Further Education (FE) environment in which I was working. Immediately upon starting the Ed D programme, I accepted a new position as the coordinator of an employment-based initial teacher training programme and the focus of my proposal changed considerably to reflect my new work environment. Furthermore, one year into my final thesis, I commenced a new post as the Academic Director of a Foundation programme specifically for international students wanting to study Medicine in the UK. Consequently, I was compelled, midway through my original thesis, to change direction and pursue a different thesis topic, relevant to my new job. Thus, my Ed D journey can be divided into two parts. The first four assignments and the IFS¹ were concerned with issues relating to initial teacher education in England, whilst the final thesis was focused on the internationalisation of education and, in particular, issues surrounding international students on a specialist Foundation programme.

The assignments in the first three years, FOP, ISC, MOE1, MOE2 and the IFS¹, were focussed on initial teacher education and proved extremely useful as they provided me with a solid understanding of my work environment at that time and the opportunity to investigate an area that had always been of interest to me, that of the academic/vocational divide within education. The first assignment, on professionalism, brought me back into the academic world and academic writing (which at that time certainly needed refreshing). It also provided a good basis for understanding the new environment in which I was employed. Interestingly, the issues that emerged in terms of changes to initial teacher education as a result of neoliberal policies and strategies in the 1980s to 1990s were also relevant to the changes that took place in the NHS and consequently on medical education and the ‘selling’ of education to international students, the focus of my thesis. The subsequent ISC module deepened my understanding of the tensions that exist

¹ FOP - Foundations of Professionalism in Education
ISC (Post Compulsory Education) - Initial Specialist Course
MOE 1 - Methods of Enquiry 1
MOE2 - Methods of Enquiry 2
IFS - Institution Focused Study

between the employment-based route into teaching and the traditional academic postgraduate route (Post Graduate Certificate in Education, or PGCE). The assignment questioned whether the vocational nature of the employment-based route explained why it was frequently perceived as 'inferior' to the 'academic' PGCE. The academic and vocational divide, in relation to initial teacher education, was most relevant to my work environment at the time, and provided the impetus for the MOE2 module and the IFS.

The IFS investigated the differences between the academic (PGCE) and an employment based/vocational route into teaching and the supposition (from the students' perspective) that the employment-based route was an inadequate training provision as it did not contain the academic elements of theory and critical reflection. The findings suggested that, although there were similarities and differences between the two programmes, students did not perceive that one was better than the other. They were aware of the differences and chose the route that suited them, for example some students preferred to train as a teacher whilst working in a school, other students preferred a more structured academic programme. I was able to share the findings with colleagues and made suggestions as to how good practices on both programmes could be shared, including a recommendation that all students should have the option to complete the four academic assignments necessary to gain MA credits. On a more practical side, I also suggested that both programmes should be more closely aligned, both in terms of sharing the same physical spaces and in their organisation and delivery. It was interesting to note that, in light of the changes that took place in initial teacher education in 2013, this became a necessity as higher education institutions fought to survive in the ensuing, fiercer competitive environment.

My work on the MOE1, MOE2 and IFS modules was of immense value as it gave me the research tools and the confidence to pursue the final thesis. I found working within a pragmatic mixed method interpretative paradigm both logical and appropriate for the IFS research question. It proved effective to use questionnaires followed by semi-structured interviews which included the use of artefacts as

prompts during the interviews. This approach worked very well and I envisaged using it again in the thesis which, would continue to investigate the two routes into teaching by exploring the perspectives of different stakeholders and, also relevant at the time, the impact of further changes within initial teacher education, including the establishment of teaching schools. The proposal for this thesis was approved, and mid-way through the study, as a result of these changes, I accepted a new job. A new 'world' opened to me, one that caused me to abandon my original thesis and focus on the new environment I found myself in—that of international students and medical education. As I reflect on this period in my life I consider that, despite the upheaval of moving to a completely new field of work, it was probably the best thing that has happened to me, both personally and professionally.

In my current role as the Academic Director of a Foundation programme, I am responsible for the management of a specialist programme designed specifically for international students wishing to study Medicine. Within the first year, I became aware of a number of challenges faced by students attempting to gain a place to study Medicine within the partner Medical School (and indeed at any UK medical school). In the same year, the institution in which I was employed held an 'internationalisation' conference and I attended a lecture by Janette Ryan², who spoke about the holistic aims of internationalisation. This was my first introduction to the concept of internationalisation and, from my perspective, it seemed that the aims purported by such a strategy were not incorporated within my employing institution and, rather than viewing the positive aspects that international students can bring to an educational setting, they were seen as a 'burden', with their only contribution a financial one.

Using internationalisation as a theoretical underpinning for my new thesis, I submitted a proposal. The background reading I undertook for the proposal, in hindsight, was superficial and done solely to get me started on the new topic. As I began to read more about contemporary internationalisation, it became obvious

² Author of *A guide to teaching international students* published by OCSLD (2000) and with Jude Carroll co-edited *Teaching international students: Improving learning for all* (Routledge, 2005).

that I could not separate this phenomenon from its ties to colonial education and neoliberal globalisation which have fuelled the internationalisation agenda. Within this discussion, the unequal world and the perpetuation of these inequalities were made transparent and, given the nature of the research, I decided that the study should be unpinned by a postcolonialism framework as this appeared the most pragmatic way forward. I found it a challenge to function within such a multifaceted structure and methodology (which at first seemed disorganised) and so I had to focus on one aspect of postcolonialism, that of postcolonial theory, and accept that there would be no straightforward structure to the theoretical framework and methodology. This was certainly very different from my experience of the IFS which was extremely well-structured, both in its theoretical framework and methodology. As a highly logical and methodological person, I did not find this adjustment easy but came to understand and accommodate such a multifaceted approach. The following section of the thesis expressed this quite well:

Prakash (1994) suggests that postcolonial projects are drawn 'from a catachrestic combination of Marxism, post structuralism, Gramsci and Foucault, the modern West and India, archival research and textual criticism' (1490). Within such an array of approaches, similar to Kaomea (2003:16), my 'theoretical framework and interpretative methods are intentionally eclectic, mingling, combining, and synthesizing theories and techniques from disparate disciplines and paradigms....I do not have the luxury of attaching myself to any one theoretical perspective but instead had to 'make do' as an interpretative handyman or *bricoleur* ... moving within and between sometimes competing or seemingly incompatible interpretative perspectives and paradigms' (cited in Coloma et al., 2009: 9).

In addition to revising my own methods of working and how I approached an academic study, I have also had to closely examine my own perspective of the world. The discussions by various authors, such as Bhabha (1994), Loomba (2005), Rizvi (2005, 2007), Said (1978, 2003, 2008), Spivak (1988, 1991, 1991), and Young (2003, 2012) proved illuminating and have had much resonance with me. Furthermore, they have made me confront issues that I perhaps wanted to suppress, challenged my thoughts and ideas, and indeed opened a new world to me. The study could, in essence, be termed a 'critical incident' (Cunningham, 2008:166), one in which my

understanding of the world has changed dramatically. This has caused me to question all the assumptions that have been instilled within me since childhood and the manner in which my parents (and, indeed, the whole of the colonised world) have been brought up with the 'colonised psyche'. More importantly, the study has made me question my current role within the internationalisation agenda and caused much inner conflict as I see myself as part of a system that perpetuates a neoimperialist agenda and the continuation of an unequal world. While working on the thesis, I have often felt that that these systems are so deeply entrenched historically, politically and economically that I cannot do anything to change them. However, this is not necessarily true, and some of the practical recommendations suggested as a result of the study are already in place and I have the intention of pursuing the others. On a grander scale and, perhaps, more pertinent (although I am not able to adequately challenge the deeply entrenched discourses that create and perpetuate inequities), some possible ways forward have been suggested, which I hope can form a catalyst for further dynamic change.

Introduction

1. Research Title

Can a specialist Foundation programme adequately prepare international students to study Medicine in the UK? An exploration of the experiences of international students on a specialist Foundation programme which prepares them for undergraduate study in Medicine.

2. Rationale

The study was conducted within a London Medical School and focused on the experiences of international students on a specialist Foundation programme which aims to prepare them for undergraduate study in Medicine, Biomedical Science and Health Sciences. International students face a number of challenges upon embarking on a programme of study in a foreign country. Some of these challenges, according to a study by Ramachandran (2011), include finding that their English language skills are not adequate to function in an English speaking environment; the financial stress of high tuition fees and living costs; the social and cultural shock of living in a very different environment and the difference in academic engagement in a UK environment, in particular, the relaxed relationship between academics and students, understanding specialist terminology and the complexity of entry requirements and admissions processes. For those who wish to study Medicine, a number of other unique challenges exist. These include the competitive nature of gaining a place to study Medicine, and the necessity to meet particular entry requirements which may be socially and culturally unfamiliar to them.

The Foundation programme (also referred to as the Foundation) is part of a suite of programmes developed by a Joint Venture partnership between a London university Medical School and a private organisation³. Within this partnership model, the university retains academic control while the private company provides recruitment

³ The London University Medical School will be referred to as the 'Medical School' and its partnership with a private organisation will be referred to as the 'Joint Venture.' Medical schools in general will be referred to as 'medical schools.'

and marketing services. The private organisation maintains several similar partnerships with leading universities in different countries, and is undergoing rapid expansion. The Foundation programme, established in September 2011, is a 'full cost' programme, independent of public funding arrangements and recruitment constraints. It is one of a suite of programmes introduced by the Medical School as part of its internationalisation strategy. The portfolio of courses also includes the International Medicine MBBS (referred to as MBBS6⁴), International Graduate Medicine MBBS4², and International Biomedical Sciences BSc (Hons)². The intention of students on the Foundation is to progress to the MBBS6, a six-year programme intended only for international students. Fees on this programme are over three times higher than for a home student (£29,000 per annum compared with £9,000 for home students). A requirement of the MBBS6 is that students must complete the final two years of study in the United States (US) as there are insufficient clinical placements available in the United Kingdom (UK) for international students.

The Foundation is designed for international students who have completed the equivalent of 'AS'² level study (Advanced Subsidiary level is the first part of the current A Level² qualification) and whose first language is not English. Students study modules in Biology (30 credits), Chemistry (30 credits), Physics (15 credits) and Mathematics (15 credits). A 30 credit Academic English, Study Skills and Professional Development module is also undertaken. This module is designed to provide both the language competence and academic skills required for undergraduate study in the UK as well as to give students an understanding of some key issues in healthcare and an opportunity to develop the competencies required to succeed in this field. Students applying for Medicine are required to show evidence of relevant work experience or volunteering, a compulsory component of entry in the UK. Some students, however, have had little opportunity in their home country to gain these experiences, so the Foundation has created a series of opportunities for them to participate in which will help them obtain the type of volunteering experience they require.

⁴ Refer to Appendix 1, Terms of Reference, for further information.

The Foundation is an intensive programme as students essentially cover Years 12 and 13 (first and second years of Advanced (A) level⁵) of the UK education system in nine months, while simultaneously applying for university places via the UCAS³ system, completing volunteering experience, and facing three major challenges to gain admission to Medicine: the MMI³ (Multi Mini Interviews), UKCAT (UK Clinical Aptitude Test)³ and the requirement to achieve the equivalent of four grade 'A's at A level. Alongside these challenges, students must adjust to living alone in a new country and culture, away from family and friends and, for some, this period represents their first experience of being taught fully in the medium of English.

As the Academic Director of the Foundation, I am aware that, despite the high academic achievement of students on the programme, very few are successful in gaining a place to study Medicine in the partner Medical School or indeed any other UK university. As illustrated in Appendix 2, three out of 21 students (14%) in the academic year 2012–13 and two out of 21 students (10%) in 2013–14 gained a place to study Medicine in the Medical School. This caused much dissatisfaction amongst students, as they and their parents had invested a great deal of effort and money into the Foundation programme. A summary of the Foundation exit survey for the 2013–14 cohort illustrates this dissatisfaction (Appendix 3). I also noted that within meetings, staff from the Medical School often hinted that the few Foundation students who had progressed to Medicine were not performing as well as other students. New to the post of Academic Director, I wanted to find out more about these issues and to also consider if there were ways in which I could organise and/or develop the Foundation programme to address the issues.

Given the unique requirements to gain a place to study Medicine, alongside the challenges encountered as an international student, the aim of this research was to explore the experiences and perspectives of Foundation students as they undertook the competitive process of gaining a place to study Medicine and then, for those who are successful, to ascertain whether the Foundation had adequately prepared

⁵Refer to Appendix 1, Terms of Reference.

them for undergraduate study. The Foundation and Medicine programmes discussed within the study are aimed specifically at international students and are an integral part of the Medical School's internationalisation strategy; thus, it was deemed important to also gain the perspectives of key stakeholders on this strategy and how it translates into practice.

3. Research aims and questions

The aim of the study was to explore the following research question:

Can a specialist Foundation programme adequately prepare international students for studying Medicine in the UK?

The sub-questions were:

Foundation Students

- (1) What are the experiences of international students on the Foundation in gaining a place to study Medicine in the UK?
 - (1a) How did they prepare for the MMI and UKCAT? What aspects of their preparation did they find useful/not so useful?
 - (1b) What are their perspectives on the MMI and UKCAT?
- (2) How well do they feel the Foundation prepared them for undergraduate study?

Non-Foundation Students

- (3) What are the experiences of international students on the Medicine programme⁶ who did not complete the Foundation? How do they compare with their counterparts from the Foundation?

⁶ Non-Foundation international students and home students interviewed were studying Medicine in the medical school. Former Foundation students were studying Medicine in the Medical School and in other institutions.

Home Students

- (4) What are the experiences of home students on the Medicine programme¹ and how do they compare with their counterparts (i.e. international students from the Foundation and other international students)?

Staff within the Medical School

- (5a) How are international students perceived within this setting?
(5b) What are their perspectives on the internationalisation strategy?
(5c) How does the curriculum reflect the internationalisation strategy within the Medical School?

4. The contribution of the study

The study adds to the body of literature that explores the contribution of postcolonial theory to education (Altbach, 1995; Rizvi et al., 2006; Coloma et al., 2009), and presents another facet to this discussion: that of medical education programmes intended solely for international students. It is argued that the internationalisation of education has flourished, for the benefit of the Global North, as a consequence of the legacy of past colonialism, and its close connection with neoliberal policies within the UK, which has forced UK universities to become sellers of knowledge, and global neoliberal strategies which have dictated the education policies of poorer nations. Thus, the study integrates three themes: the internationalisation of education (Knight, 2008; de Wit et al., 2015), the influence of neoliberal policies and strategies on international education (Tikly, 2004; Olssen & Peters, 2005; Naidoo, 2010), and the legacy of colonialism in education (Crossley, 2001, 2004; Tikly, 2003, 2004; Rizvi, 2004). The three areas are discussed within a postcolonial theory framework (Young, 2003; Rizvi et al., 2006) and exemplify how, as a combined force, they perpetuate global inequalities, thus contributing to the new imperialism of today (Tikly, 2004). In addition to addressing the central question of the research, the study also suggests how the curriculum in the Medical School

can attempt to challenge this inequality, and that a critical pedagogical/critical literacy approach could be a possible way forward.

5. Organisation of the study

The study is divided into the following chapters:

Chapter one describes the historical, political and social context within which the study is set and takes into account the nature of medical education within the UK and the admission process for Medicine. The chapter further elucidates upon the MMI and UKCAT, as both are unique entry requirements for Medicine.

Chapter two explores the theoretical underpinning of the study and critically examines the concept of 'internationalisation', a key feature on the agenda of most higher education institutions (HEIs). Within this discussion, the concept of neoliberal globalisation, particularly how it influences education worldwide, will be examined, given that it is closely related to internationalisation. The theoretical underpinning of the study is embedded within a postcolonial theoretical framework as, from my perspective; it is not possible to discuss internationalisation and neoliberal globalisation without reference to the historical and political influences associated with these concepts.

Chapter three introduces the theoretical framework behind the methodology employed and the methods used. It includes the design and conduct of the research, as well as ethical considerations. The chapter also gives a brief account of my role in the study.

Chapter four presents the results of the study. My interpretation of the themes arising from the interviews are analysed and discussed in relation to the research questions.

Chapter five summarises the main findings of the research study and its contribution to current knowledge, and offers some suggestions as to how the research may contribute to the internationalisation agenda and, in particular, to programmes aimed at preparing international students for undergraduate study in Medicine in the UK. The chapter also reflects on the limitations of the study and presents proposals for future research.

Chapter One – Background to the study

This chapter provides the background to the study and briefly explores the factors that have contributed to the current state of medical education in the UK.

An insight into the multi-faceted background of medical education is required in order to gain an understanding of the context within which the Foundation is situated. This is necessary as these factors have influenced how medical schools recruit both home and international students, and also govern the medical programmes that students encounter as undergraduates. This chapter therefore describes the historical, political and social context within which the study is set and explains how these factors have influenced medical education in general. This in turn has determined the type of candidate deemed suitable for Medicine and has consequently influenced how such candidates are recruited and selected. The chapter also examines the admissions process for Medicine in the UK and elucidates further on the MMI and the UKCAT.

1 Historical, Political and Social Context

Political influences

In the UK, the oil crisis of the mid-1970s and the stock market crash of 1987 brought to an end the rapid expansion of the welfare state that had prevailed since the Second World War, and which required considerable public expenditure. In the 1970s, the Labour government was forced to introduce significantly tighter economic policies which brought the party into conflict with its traditional trade union support base. This marked the beginning of the end of a corporatist style of politics that had dominated the British government during the 1960s and 1970s. These changes were accelerated by the Conservative government elected in 1979, which challenged the traditional Keynesian economic strategy⁷ and pursued a

⁷ Keynesian economic strategy justifies government intervention through public policies that aim to achieve full employment and price stability.

political ideology that was based on a combination of laissez-faire economics (neoliberalism) and individualism (neo-conservatism) (Clarke & Newman, 1997; Apple, 2006; Ball, 2013). This ideology has been termed 'Thatcherism' after Margaret Thatcher, the Prime Minister who advocated such a policy and, in various representations the ideology has since been built on and extended by successive governments in the UK and other countries.

According to Harvey's (2005) conceptual framework, neoliberalism emerged as a response to the economic crises of the 1970s, replacing Keynesian economic liberalism with a strategy of restoring capital via 'accumulation by dispossession' (159-163). This was achieved by practices such as privatisation, whereby nationalised industries were sold to the private sector. Harvey concludes that this strategy had the effect of fragmenting society and intensifying social conflict (Ibid: 178). Neoliberalism is a set of ideas associated with the revival of economic liberalism, taken from the school of Austrian economics associated with Ludwig von Mises, Friedrich von Hayek, and Joseph Schumpeter (Barnett, 2010). Harvey (2005) lists the following as the main components of neoliberalism in political-economic practice:

1. The advancement of individual entrepreneurial freedom with a strong emphasis on private property rights, free markets and free trade.
2. 'The role of the state is to create and preserve an institutional framework appropriate to such practices.'
3. If markets do not exist then they must be created, for example in health care, education, land, water, etc. (Harvey, 2005:2).

In the 1980s, the Conservative government's neoliberal political-economic model placed added emphasis on promoting individual responsibility and a move away from working with others in order to achieve the best outcomes for society. Thus, compared with the preceding decade, a shift from the state working for the public and community good to individualism and individual responsibility was observed (Apple, 2006; Peters, 2009).

Based on this ideology, one of the main aims of the Thatcher government (1979 to 1990) was the extension of the private market in all sectors of the economy, including the health service, on the grounds that it would increase efficiency through competition (Clarke, 2004). This resulted in the development of programmes involving the privatisation of state-owned enterprises, reduction in some forms of taxation, tight controls over public spending and a push to increase the effectiveness of public services, including the National Health Service (NHS). The government determined that the best way to increase efficiency within the NHS was through managerial reforms and the establishment of an internal market with the aim of generating a more corporate approach. As a result, various managerial strategies have been instigated over the past decades with the aim of improving efficiency and reducing costs (Hunter, 2008). Hospitals and other health services such as community services became self-governing trusts and providers of health services. As such, their income depended on contracts with purchasers; this meant that for the first time, NHS organisations were in competition with each other (Department of Health, 1989:68). Thus, health became a market-style consumer product, and with this came the perception of choice and competition 'replacing, notions of collectivism and solidarity' (Hunter, 2008:2). This concept of the 'commodification' of services applied not only to health but also to education and teacher education (Chitty, 1990; Hirst, 1996; Ball, 2008; Evans, 2008). As later chapters will demonstrate, medical education has also become a commodity 'for sale' to international students and to other countries.

In association with these significant change to the NHS, the traditional professionalism of doctors was challenged by the introduction of protocols, checks and audits (Ham, 2009: 37-38) which have not only influenced the way in which Medicine is practised, but also the degree to which doctors are now publicly accountable. In addition, the reporting of high-profile patient safety cases such as those at the Bristol Royal Infirmary (Kennedy, 2001); Alder-Hey (Redfern et al., 2001); Shipman (Smith, 2005) and the Francis Inquiry (Francis, 2013) increased pressure on the government to make changes to how Medicine is practised, as well as making doctors more publicly accountable (Swanwick, 2014).

The following section examines how the political ideologies pursued by the Thatcher government, coupled with changes in society, have challenged the traditional notion of respect and autonomy in the medical profession whilst promoting a culture of individualism and consumer power. These factors have contributed to changes in how the doctor as a professional is perceived, and have initiated changes in the medical education curriculum which now defines the qualities and attributes a doctor ought to possess.

Changes in society and how this has impacted on the role of the doctor

The advancement of neoliberalism has not only affected the UK, but has had global repercussions; the national principles of the free market have translated into a free market worldwide, with global organisations able to easily invest and transfer capital throughout the world (Robbins, 1999). With the development of the internet, it is not only goods and services that are now available worldwide; information can also be readily accessed by the world's population in a matter of seconds. The impact of this phenomenon has been felt in all sections of society, including Medicine. The widespread use of the internet has given the public access to information and expertise, and has empowered consumers who are now capable of accessing an extensive amount of information on health-related issues (Purcell et al., 2002). Consequently, members of the public are independently able to refer to these sites for information about health issues and no longer rely solely on the advice and recommendations of a doctor. The emergence of the marketisation of society as a consequence of neoliberalism has transformed the public (and in the case of Medicine, the patients) into 'consumers'; as such, they view the NHS like any other service that they use. As with any commodity or service, customers want to ensure that they get the best possible deal or service and will independently seek and interpret advice and information from other sources including the internet; thus, the doctor's traditional role as the expert specialist has been somewhat eroded (Lunt, 2008).

Another important factor which has altered the doctor-patient relationship is the increase in claims for negligence and litigation against doctors (Fenn et al., 2000). Studies suggest that poor communication between doctors and patients, as well as patient dissatisfaction, are critical factors leading to malpractice litigation (Levinson, 1994; O'Connell & Keller, 1999). Thus, O'Connell & Keller (1999) suggest that 'clinicians who are skilled in interacting with their patients can do a great deal to reduce their risk of being sued' (37). Brown (2008) also notes that the greater cultural diversity of the UK population, particularly in cities, has emphasised the requirement for doctors to be able to communicate and interact with patients from different cultural and social backgrounds. Thus, the ability to communicate effectively with patients from diverse backgrounds is a fundamental competency in qualified doctors (GMC, 2009) and has become an important criterion in assessing potential applicants to Medicine.

Medical education – a historical perspective

Leinster (2002, 2011) notes that, for most of the twentieth century, medical education was concerned with the accumulation of facts. As biomedical science and clinical practice developed, the range and amount of knowledge that students were faced with became unmanageable. This approach encouraged superficial learning with little opportunity to develop an understanding of the subject or habits of critical enquiry and thought. 'As a result, medical students were often unable to apply their knowledge in a clinical setting' (Leinster, 2011:6). From as early as 1863, concerns were expressed with regard to the quality and efficacy of the medical curriculum, with numerous concerns raised by medical professionals and government reviews (BMJ, 1944; Pickering, 1978).

Whilst minor changes were made to the medical curriculum in 1957, 1967 and 1978, the fundamental problem was not addressed (Bloom, 1988). These factors affected student satisfaction, and a 1992 BBC2 series and accompanying book, *Doctors to be* (Spindler, 1992), together with a report in the BMJ by Lowry (1992), highlighted the disillusionment of medical students with the teaching they had received. In addition

to these controversies within medical education, the General Medical Council (GMC) also faced increased public pressure due to its perceived unwillingness to tackle poor service, and the appearance of being overly-protective of doctors. Events came to a head in the 1990s following a paediatric cardiac surgery crisis at Bristol Royal Infirmary (Kennedy, 2001; Irvine, 2006). Against this backdrop, the GMC revived itself and set a new direction which included the publication of professional standards which was tied to medical education and workplace clinical governance (Irvine, 2006).

Another important factor which further prompted changes to the medical curriculum was the publication in 1997 of the Dearing report (Dearing, 1997). The report recommended that universities, including medical schools, should implement teacher training programmes for their staff which would lead to accreditation by the Higher Education Academy. This initiated a move towards the accreditation of all university lecturers, and introduced new standards of teaching in medical education which resulted in changes in pedagogy and an expansion of experiential learning techniques and small-group teaching (Brown, 2008). Spencer and Jordan (1999) noted a pedagogical shift from a traditional teacher-centred approach to one that was student-centred, and a 'fundamental change in the role of the educator from that of a didactic teacher to that of a facilitator of learning' (Ibid: 1280). There now exists a greater emphasis on self-directed learning, problem-based learning (PBL), and guided discovery learning, with a mixture of traditional teaching combined with more innovative approaches, all with the 'aim to produce doctors better equipped with the adult learning skills necessary for them to adapt to, and meet, the changing needs of the community they serve' (Ibid:1280).

Policy influences

As a result of the factors described previously, the professional regulations governing undergraduate medical education were radically changed in 1993 when the GMC published the first edition of *Tomorrow's Doctors* (GMC, 2009), which defined the duties, knowledge, skills and behaviours that medical students should acquire during

their medical education. This publication was, according to Calman (2007), a 'landmark in medical education: a radical rethink ...to a much more student-centred learning process. This coincided with the beginning of a radical restructuring of the NHS' (327). The outcomes and competencies contained within the *Tomorrow's Doctors* document are required to be demonstrated by all UK graduates of Medicine and is divided into three categories: Outcomes 1 – The doctor as a scholar and a scientist; Outcomes 2 – The doctor as a practitioner and Outcomes 3 – The doctor as a professional. These outcomes and competencies are summarised in Appendix 4. It was advised that these categories and the specific outcomes should not be considered in isolation from each other, but should link routinely in clinical practice. As a supplement to *Tomorrow's Doctors*, the GMC also published the *Good Medical Practice* (GMC, 2013) and other guidance which sets out the standards expected of good doctors working in partnership with patients and colleagues:

Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity. (GMC, 2013:4).

Within the prescribed standards, outcomes and guidance contained in these documents, it is quite clear that the role of a doctor is not simply to be knowledgeable in the sciences and their particular field, but to have a range of other skills and attributes necessary to function as a competent medical professional.

This first section of the chapter has briefly illustrated how economic, political and social factors have influenced the state of medical education as it stands today. The emergence of neoliberalism has contributed to changes in the structure of the health care system, working practices in the sector, the role of healthcare professionals, and how the public perceives the health service and health care professionals. These changes, in association with changes in society, have brought to the forefront a different type of patient who no longer relies exclusively on the expertise of doctors and demands a better service from their health care system. The new public perception of Medicine and healthcare professionals, coupled with statutory and

professional regulations, have in essence eroded the traditional power balance between doctors and patients. Changes in society have also meant that doctors need to respond to cultural diversity within the community in which they work and, with increased job mobility, also within the global community. In response to these multi-layered influences, the professional regulations governing undergraduate medical education were radically changed in 1993, when the GMC published the first edition of *Tomorrow's Doctors* which defined the duties, knowledge, skills and behaviours that medical students must acquire in UK medical schools. This in turn has determined the type of student deemed suitable for Medicine, and has influenced how many medical schools in the UK select candidates so as to ensure that successful students demonstrate the potential to fulfil the expected competencies.

2 Selection of Medical Students

The issue of selecting medical students is of substantial importance to the community, the medical school and its applicants. It represents a balancing act between effectively meeting the needs of the community in selecting students with the potential to become competent medical practitioners whilst also ensuring equity and fairness. Medical training is resource-intensive, and it is important to avoid wastage of resources by selecting the right candidates from the start (Powis, 1994; Harris & Owen, 2007; Razack et al., 2009; Swanick, 2014). Given the nature of the medical profession and the high status and prestige it holds, in most cultures an oversupply of candidates wishing to study Medicine has always existed (Calman, 2007:410). In the UK, there are over 25,000 applicants annually for 8,000 medical school places (Patterson et al., 2012), raising the issue of how best to select the most suitable candidates. Selection is not an exact science, and within a competitive and litigious environment, the importance of implementing fair selection processes is indisputable. Medical schools must therefore use the evidence available to ensure that the system they employ is fair and capable of achieving the desirable result of selecting the right candidate for a career in Medicine (Swanick, 2014).

Assessment in selection uses a 'predictive paradigm' where the intention is to predict who will be competent doctors, that is, to identify in advance those individuals who will successfully complete training (Patterson et al., 2014). Significant difficulty exists in predicting the candidates who will make good doctors; this is critically dependent on what the role of the doctor is likely to be in 10 to 15 years' time and, in a fast changing world, this is increasingly uncertain. Almost universally, high academic achievement is a minimum entry requirement; this assumes that, with good academic ability, other skills can be acquired. However, most medical schools recognise that academic ability is not enough and that future doctors should also be selected on other non-cognitive criteria such as empathy, communication, integrity and team work (Greengross, 1997; Reede, 1999; Hughes, 2002). Indeed, the competencies listed in *Tomorrow's Doctors* (GMC, 2009) are often used by medical schools at the selection stage to determine which candidates demonstrate the potential to succeed. Within the setting of this study, the Medical School employ a number of selection tools; these include academic achievement, UKCAT, MMIs and work experience. The next section examines the UKCAT and MMI, and the rationale behind their use in the selection process.

UK Clinical Aptitude Test (UKCAT)

The UKCAT is an example of an aptitude test, which is typically defined 'as standardised tests to measure the ability of a person to develop skills or acquire knowledge' (Patterson et al, 2014:411). According to the UKCAT Consortium, the test does not contain any curriculum or science content and 'helps to ensure that candidates selected have the most appropriate mental abilities, attitudes and professional behaviour required for new doctors and dentists to be successful in their clinical career' (UKCAT a).

The computerised test is taken in selected examination centres, and candidates are only permitted to take the test once in an academic year. The test includes five sections, each separately timed:

Verbal Reasoning - assesses ability to critically evaluate information that is presented in a written form.

Quantitative Reasoning - assesses ability to critically evaluate information presented in a numerical form.

Abstract Reasoning - assesses the use of convergent and divergent thinking to infer relationships from information.

Decision Analysis - assesses the ability to make sound decisions and judgements using complex information.

Situational Judgement - measures capacity to understand real world situations and to identify critical factors and appropriate behaviour in dealing with them.

There are two versions of the UKCAT, the standard UKCAT and the UKCATSEN (Special Educational Needs). The UKCATSEN is a longer version of the UKCAT, intended for candidates who require additional time due to a documented medical condition or disability.

A number of studies indicate significant variance in relation to the predictive validity of the UKCAT; for example, Lambe et al. (2012) concluded that the UKCAT may disadvantage some candidate groups, and that this inequity could be improved if tutors and career advisors in schools and colleges were better informed about the UKCAT and therefore able to offer appropriate advice on test preparation. Another small study by McManus et al. (2013) inferred that UKCAT scores and educational attainment measures were significant predictors of outcome. The incremental validity of UKCAT, taking educational attainment into account, was significant but small. However, in a separate study, Yates and James (2013) reported that verbal reasoning and the UKCAT total score showed modest correlation with clinical course marks. The authors concluded that these parameters are significantly weaker than the predictive ability of performance earlier in the programme. Much controversy exists over the efficacy and predictive validity of the UKCAT which highlights the need for high quality longitudinal studies to examine the precise relationship between a candidate's score on selection aptitude tests and subsequent performance in medical school and as a practising doctor (Patterson et al., 2014).

Such studies should also include international students, as the verbal reasoning section of the UKCAT has been quoted by some, who were not educated in the medium of English, as being difficult in comparison to the other sections in which they performed as well as other students.

Multiple Mini Interviews (MMI)

MMIs, developed by McMaster University in Canada, are designed to assess desirable non-cognitive characteristics of applicants, and are used by some medical schools to inform their decisions on the selection of applicants for entry to medical school and at postgraduate level. The structure of the MMI, designed by Eva et al. (2004), is based on the Objective Structured Clinical Examination (OSCE)⁸. The rationale behind using this selection tool is that reliability rises with increasing numbers of mini interviews, thus allowing the medical school to gain a more accurate picture of each candidate's strengths and limitations.

MMIs were designed in response to the inherent weaknesses of traditional one-to-one and panel interviews, both structured and unstructured. Harris and Owen (2007) highlight the limitations of these approaches as selection tools which, even if highly structured, can be unreliable. They note that a high correlation of rating between panel members may arise from working and talking together. More importantly, personal interviews, they argue, are context-specific and this may result in interview scores that are less determined by a candidate's characteristics and more by the context within which the interview is held and the personal preferences of the panel. The MMI aims to address some of these limitations by using a number of mini interviews to pose the same questions to each candidate, with evaluations made by independent interviewers who are not permitted to discuss their scores or evaluations.

⁸ Refer to Appendix 1, Terms of Reference.

MMIs consist of a series of short, structured interview stations used to assess non-cognitive qualities including communication skills, cultural sensitivity, maturity, teamwork, empathy, reliability and decision making. The MMI typically involves one-to-one interviews, role plays and interactive tasks focussed on a range of non-cognitive domains, with each interview or task lasting between 5 and 10 minutes. Although participants must relate to the scenario posed in each station, it is important to note that the MMI is not intended to test specific knowledge of the proposed field of study. Instead, interviewers evaluate each candidate's thought process and ability to think on his or her feet. As such, there are no right or wrong answers to the questions posed in an MMI, but the candidate should consider the question from a variety of perspectives.

A number of studies suggest that MMIs have a good level of reliability and that candidates' reactions are also favourable (Eva et al., 2004a; O'Brien et al., 2011; Dowell et al., 2012). Eva and Reiter (2004) and Eva et al. (2009) argue that intelligence (cognitive) and interpersonal skills (non-cognitive) are not mutually exclusive, and that evidence suggests a positive relationship between cognitive and non-cognitive domains, particularly when using MMI in postgraduate selection. Research suggests that MMI performance offers good predictive validity in relation to postgraduate selection (Eva et al., 2009; Dowell et al., 2012). Husbands and Dowell's (2013) study at the Dundee Medical School reported positive findings from the largest undergraduate sample to date and concluded that the MMI was the most consistent predictor of success in early years at medical school across two separate cohorts. UKCAT and UCAS applications showed minimal or no predictive ability, however. The authors were of the opinion that further research in this area would be worthwhile, including longitudinal studies, replication of results from other medical schools, and more detailed analysis of knowledge, skills and attitudinal outcome markers. They also stated that further research is necessary to assess group differences in performance and the relative financial feasibility of MMIs, given that it is a resource-intensive process.

In regard to the effectiveness of MMIs in the selection process, no research study to date has explored the experiences and performance of international students⁹ at the undergraduate application stage whose first language is not English and/or who have been educated outside of a Eurocentric setting; this is perhaps an area that warrants further investigation.

This chapter has briefly outlined the background to the changes that have taken place within the NHS and how these have influenced medical education which in turn, has instigated changes in how many UK medical schools now select their students. This is an important starting point to the study, given that international students, including those on the Foundation, are subjected to these selection processes. The chapter commenced by presenting the changes initiated in the 1980s as a consequence of the neoliberal policies adopted by the then Conservative government and successive governments thereafter. The next chapter will continue with the theme of neoliberalism within a global context, and its association with the internationalisation of education which many European, North American and Australian universities have now embedded within their institutions. The chapter will further describe how, as a result of neoliberal globalisation, universities across the world now view themselves as 'edubusinesses' (Luke, 2010), increasingly participating in the global flow of people, research and capital. Compelled by a global market, knowledge and status have become a means by which universities, mainly in the Global North¹⁰, seek to compete in to gain status and, most importantly, to receive financial rewards. These discussions are embedded within a postcolonial framework as it is not possible to discuss internationalisation and neoliberal globalisation without reference to the historical and political influences associated with these concepts.

⁹ The study by Hofmeister et al. (2009) used MMIs to measure professionalism in international medical graduate (IMG) applicants in Alberta, Canada.

¹⁰ See Appendix 1, Terms of Reference, as much debate and discussion exists as to how one should refer to the economic, political and social division of the world.

Chapter Two – Theoretical Framework

The Foundation was introduced by the Medical School as part of its ‘internationalisation’ strategy. This strategy is now integral to universities in the UK and in other European countries, the US, Canada, Australia and New Zealand. This chapter argues that the internationalisation of education cannot be separated from the legacy of past imperialism and colonialism or from the new imperialism of today. Thus, the chapter is divided into three interrelated sections:

Section one sets the scene by giving an introduction to the concept of internationalisation.

Section two introduces a particular aspect of postcolonial theory which has been adopted in the study. Postcolonial theory encompasses a multitude of academic disciplines and is often applied in the critical analysis of literature, history, politics, education and economics. However, within the scope of this study, postcolonial theory is directly focussed on how the legacy and authority of colonialism is exploited within the internationalisation agenda, thereby allowing the Global North to reap economic rewards from poorer nations as well as perpetuating the inequalities between rich and poor nations.

Section three examines how universities’ internationalisation strategies have developed in response to the control and influence of both local and global policies and strategies promoting a neoliberal agenda. It is argued that internationalisation has been allowed to flourish as a result of the legacy of colonialism and contemporary neoliberal policies.

The theme that permeates throughout each section is one of domination, both economic and cultural, by one section of the world over another; in other words, the continuation of imperialism, albeit in a slightly different form than in other historical episodes.

Section one

Internationalisation of higher education

The number of international students is constantly increasing and has exceeded the 2010 figure of 2.6 million (Organization for Economic Co-operation and Development [OECD], 2013). International students studying on undergraduate and post graduate programmes are a major source of income for UK universities. Figures from *UK Universities, The Voice of UK Universities* indicate that over 13% of undergraduate students and 37% of postgraduate students are non UK residents (Figure 1), and that the institutional income from these students continues to rise, with an overall contribution to the UK economy of £7 billion in 2011–12 (Figure 2).

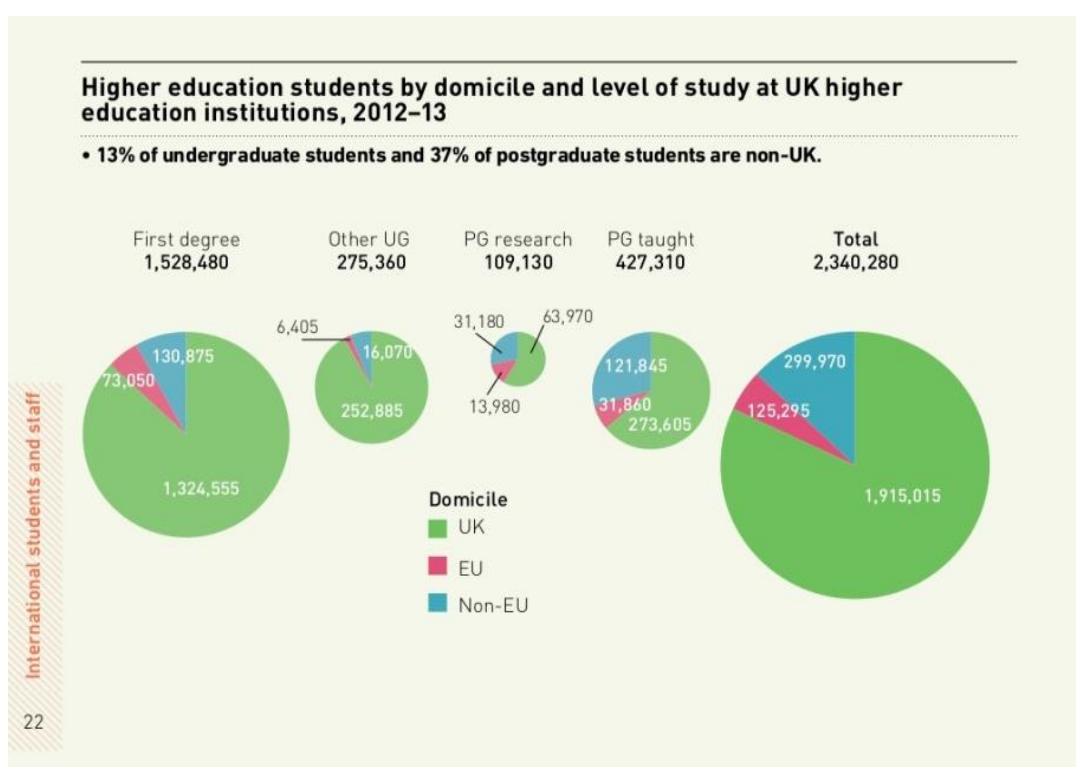


Figure 1

<http://www.universitiesuk.ac.uk/highereducation/Pages/HigherEducationInFactsAndFigures2014.aspx>
x (page 22)

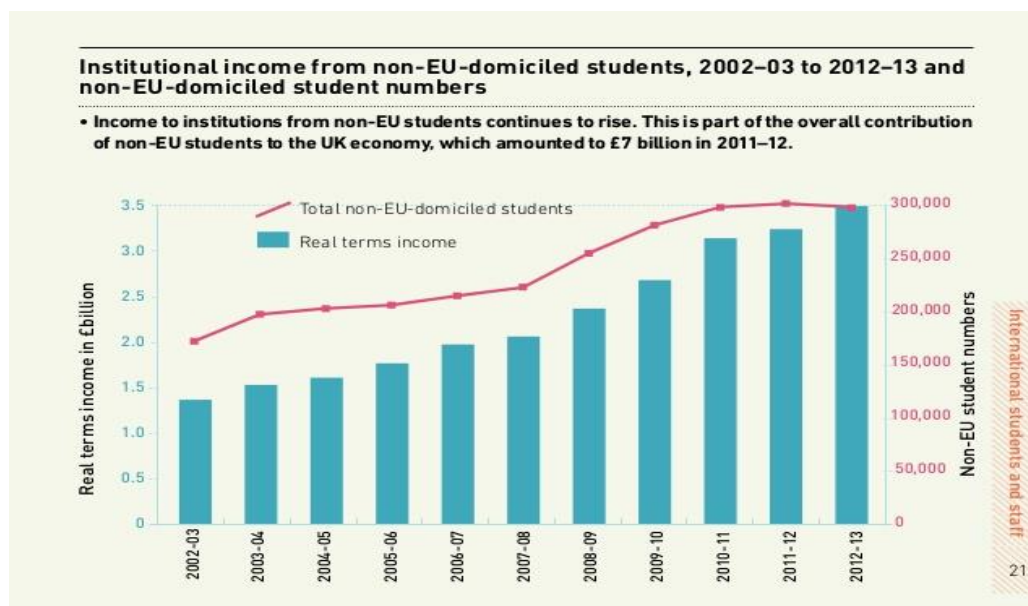


Figure 2

<http://www.universitiesuk.ac.uk/highereducation/Pages/HigherEducationInFactsAndFigures2014.aspx>
 x (page 21)

As indicated in Figure 3, in 2012-13, 43.9% of non-UK students studying at UK HEIs came from Asia, 8% from Africa, 6.3% from North America, 6.2% from the Middle East and a smaller percentage from [non-EEA Europe] (4.5%) and Australasia (0.6%).

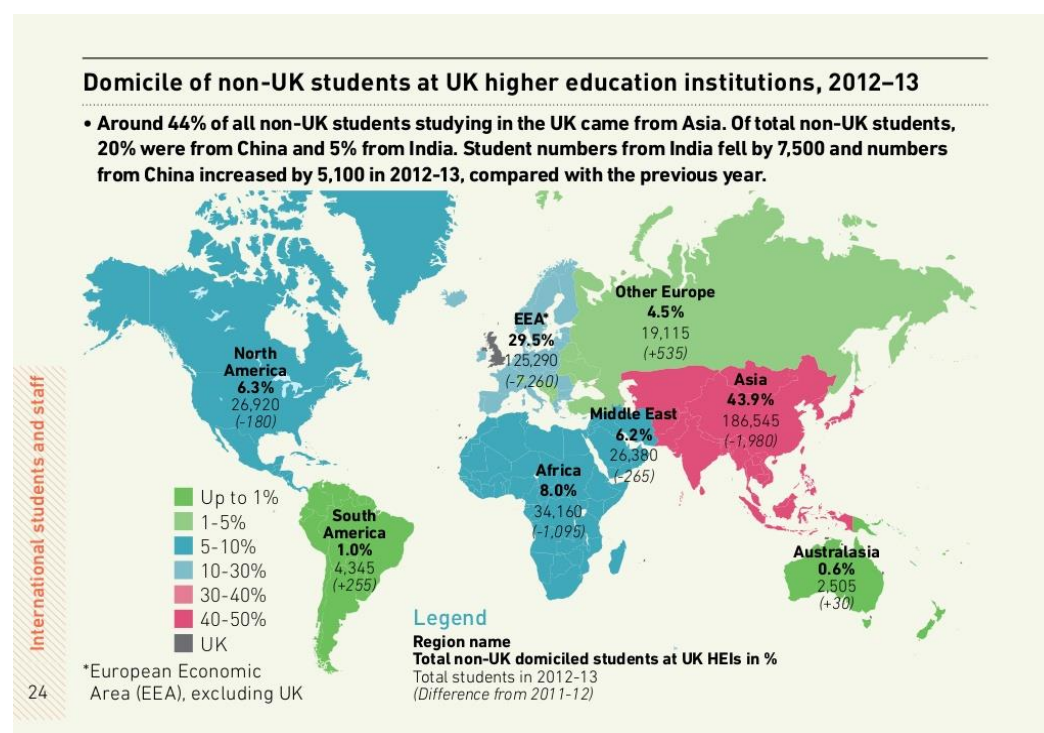


Figure 3

<http://www.universitiesuk.ac.uk/highereducation/Pages/HigherEducationInFactsAndFigures2014.aspx>
 x (page 24)

These figures suggest that the recruitment of international students is of growing importance to universities, both within the UK and worldwide, and is being driven by political, economic, educational, social and technological factors (Higher Education Academy, 2014) or, in other words, by globalisation (de Wit, 2011) and, of particular relevance to this study, neoliberal globalisation, as discussed in the following section. There is much discussion on what exactly is meant by the 'internationalisation of higher education' (de Wit, 2002; Knight, 1999, 2008, 2011; Caruana & Spurling, 2007; Trahar, 2007; Higher Education Academy, 2014; de Wit et al., 2015). In the literature and in practice it is still quite common to see terms that address only a small part of internationalisation and/or emphasise a specific rationale of internationalisation. Knight's (2008) definition is perhaps the most useful; she states that the internationalisation of higher education is different from globalisation and is the 'process of integrating an international, intercultural and global dimension into purpose, functions (teaching, research, and service), and delivery of higher education at the institutional and national levels' (Knight, 2008: xi). This definition has been extended to include the following 'in order to enhance the quality of education and research for all students and staff, and to make a meaningful contribution to society' (de Wit et al., 2015: 29). Internationalisation *strategies*, on the other hand, can include a drive to increase the number of international students, the establishment of international partnerships and UK university campuses in foreign countries, joint-degree programmes, cross-border research, and (over the last decade) changes to the curriculum to reflect a global perspective and to educate the global citizen (Andreotti, 2006; Bourn, 2011). The composite definition by Knight (2008) and de Wit et al. (2015) reflects the increased awareness that internationalisation has to become more inclusive by not focusing predominately on the need to create the mobile global worker or for financial gains, but more as an influence on the curriculum and learning outcomes. Thus, internationalisation should be viewed as a means of enhancing the quality of learning (de Wit et al., 2015).

Such a holistic definition of internationalisation presents an opportunity for universities to engage in critical reflection on practices, share knowledge, challenge

the effects of globalisation, and initiate reforms across the sector and the curriculum. This opportunity, however, is 'often discounted because a marketization discourse has claimed the internationalisation agenda and has narrowly redlined it in commercially expedient terms' (De Vita & Case, 2003: 383). It seems that internationalisation, for many universities, has become synonymous with recruitment, as financially challenged institutions seek to attract increasing numbers of international students as a result of reduced government expenditure (De Vita & Case, 2003; Jiang, 2008). This is hardly surprising, given that the value of UK education exports might be valued at £21.5 billion by 2020 and £26.6 billion by 2025 (Conlon et al., 2011: 10). It is a most lucrative market for all educational sectors and, in the case of universities faced with increased cuts to their budgets, an area that they continue to actively exploit (Trahar, 2007). This is reiterated by de Wit et al. (2015), who state that within Europe, financial imperatives, the focus on global mobility, and international reputation and visibility continue to drive many internationalisation strategies.

It appears that the dichotomy between the holistic approach to internationalisation as suggested by Knight (2008) and de Wit et al. (2015) and the practices embedded within institutions are quite widespread, as illustrated by Koutsantoni's (2006) research which investigated the websites of 133 universities and colleges and studied 51 internationalisation strategies in depth. The study found, for the vast majority of strategies (44 out of 51), that the recruitment of international students was the primary focus. Enhancement of the international experience of home students was a concern for only six universities, and only two institutions acknowledged the importance of creating a culture of equality and diversity in their internationalisation plans.

It must be noted, however, that there are some educational institutions which have attempted to take up the challenge of addressing a holistic approach to internationalisation or rather, as suggested by Bourn (2011), within a framework of 'global perspectives'. Such initiatives include projects at Bournemouth University, University College London, and Roehampton University (Ibid.). These projects

encourage a broadening of curricula and incorporate pedagogical approaches that empower students to connect different world agendas, thinking 'critically about the world around them, valuing different methodologies and approaches and questioning the dominance of the Eurocentric and 'rich world' view points' (Bourn, 2011: 566). Such a critical pedagogical approach to the curriculum could be seen as an alternative to the current financial imperative driving many institutions' internationalisation strategies.

According to McLaren (1997), critical pedagogy has developed from a number of theoretical approaches, such as the pedagogy of Freire (1970), the sociology of knowledge, the Frankfurt School of critical theory, feminist theory, and neo-Marxist cultural criticism. In more recent years it has also been adopted by educators influenced by Derridean deconstruction and post-structuralism. Critical pedagogy has been further developed by progressive teachers in an attempt to eliminate inequalities based on social class. Many teachers, following the writing of Freire, claim that 'they seek to teach students how to "read the world" so that they may use what they've learned to "write the world" in a new, fairer, more just and equitable way' (Rhem, 2013: 2). Within the context of internationalisation and challenging global inequalities, Andreotti (2006: 41) suggests that 'in order to understand global issues, a complex web of cultural material and local/global processes and contexts needs to be examined and unpacked'; if this is not done critically, we may end up creating a generation that want 'to do good' by 'saving/educating/civilising' the 'other' and, thus, 'reproduce power relations and violence similar to those in colonial times' (Ibid.). Thus, Andreotti (2006: 49) argues for 'critical literacy', which she defines as 'a level of reading the word and the world that involves the development of skills of critical engagement and reflexivity; the analysis and critique of the relationships among perspectives, language, power, social groups and social practices by the learner'. She further contends that if educators themselves are not 'critically literate' and, thus, able to engage with the assumptions and implications of their approaches, they run the risk of reproducing the systems of beliefs and practices that harm those whom they want to support. This then poses the question of how much educators working within the present context in the Global North are

prepared to do this. The actual strategies implemented within a 'critical literacy' approach will vary according to the subject and the level of education; thus, a different approach will be applicable to the teaching of Medicine in comparison to, say, Business, and similarly in secondary education compared to the undergraduate level. The question that then follows is: how are medical schools, specifically in the Global North, positioning themselves in terms of internationalisation?

Internationalisation and medical education

Within the context of internationalisation and medical education, literature has tended to focus on the consequences of globalisation for medical education, e.g. preparing medical students for the global economy (Bourke, 1997; Schwarz, 2001; Harden; 2006); the use of PBL in different cultures (Stevens & Goulbourne, 2012); and the need to reflect upon how globalisation is transforming medical education (Hodges et al., 2009). Dr Patricio (2011), then-*President of the Association for Medical Education in Europe*, argued that whilst some European medical schools have attempted to integrate 'international health' in their curriculum, internationalisation is less about medical knowledge or a specific 'international medical curriculum' and more about integrating global perspectives and an intercultural dimension into the teaching–learning process, research, and the service functions of higher education. Importantly, within such an approach the underlying concept is that of developing a global responsibility, that is, having students and doctors feeling responsible for their actions from a global perspective (Patricio, 2011). This view of the internationalisation of medical education endorses a critical pedagogical approach to medical education, as described earlier; however, to date, there has been no systematic attempt to develop a coherent definition of what is meant by the internationalisation of medical education and its fundamental tenets. Similarly, it is difficult to find examples of how medical schools have critically reflected upon their curriculum to accommodate the increase in the number of international students on their programmes. Bleakley et al. (2008) note that the Western medical curriculum is steeped in a particular set of cultural attitudes which are rarely questioned. They argue for a critical framework to generate alternative

approaches to medical education initiatives in an era of globalisation. They also suggest that medical education initiatives should be informed by interdisciplinary postcolonial theory.

It is apparent from the discussion earlier that internationalisation is not simply a marketisation strategy to increase the number of international students, and that there is a need for a fundamental shift in how medical schools critically engage within the internationalisation arena, particularly how their organisational policies and curricula can challenge the inequalities inherent within a neoliberalism-driven 'trade' in international students. The current reality is that most internationalisation strategies within medical schools in the Global North still tend to focus on an economic drive towards recruiting international students and there is very little evidence of a critical approach to institutional practices and the curriculum, as described earlier (Freire, 1970; McLaren, 1997; Andreotti, 2006; Bourn, 2011; Rhem, 2013). This is perhaps illustrated by some of the initiatives which medical schools, chiefly in the Global North, have implemented as part of their internationalisation strategy and which are, as briefly illustrated below, aimed at increasing the number of international students.

In 2011, St George's University of London, for example, introduced a Foundation and MBBS programme with tuition fees of £17,459 and £29,870 per annum, respectively (<http://www.intohigher.com/uk/en-gb/our-centres/into-st-georges-university-of-london.aspx>). Other Foundation programmes aimed at international students who wish to progress to Medicine include those of the University of St Andrews (<http://medicine.st-andrews.ac.uk/pro/international/>), Kings College, University of London (<https://www.kcl.ac.uk/study/elc/study/sciencefoundation/introduction-old.aspx>) and the University of Central Lancashire (<http://www.uclan.ac.uk/international/courses.php>). Since both Foundation and MBBS programmes are full fee-paying courses, there are no government restrictions on the number of international students the universities can recruit¹¹; thus, this is an

¹¹ The UK government restricts the number of home and medical and dental students any medical school can recruit. This is based on the demand and supply of these professions.

area that is set for exploitation by other UK universities in order to further increase their revenue.

Another area of growth is the packaging of curricula and other education services for sale. This can include the sale of a Medicine curriculum, assessment package and specialist staff. In all cases, the 'brand' name of the medical school is usually included in such deals and, given that this service is from a Western university, it confers prestige to overseas programmes. An example of this is a St George's University of London MBBS programme that is offered by the University of Nicosia (<http://www.nicosia.sgul.ac.cy/>). Newcastle University in the UK has also established an international branch campus in Johor, Malaysia, to provide its undergraduate degree in Medicine <http://www.ncl.ac.uk/numed/about/>. Other such models include the Royal College of Surgeons in Ireland (RCSI), which delivers its Medical degree programme in partnership with universities in Malaysia and also has its own centre in Bahrain and Dubai (<http://www.rcsi.ie/international>). Medical schools within the US have similar ventures; the Weill Cornell Medical College in Qatar was established by Cornell University in partnership with the Qatar Foundation for Education, Science and Community Development in January 2001 (<http://qatar-weill.cornell.edu/aboutUs/purposeMission.html>). The International Medical School in Malaysia (IMU), a private medical college, allows its medical students to transfer to partner universities in Australia, New Zealand, Canada, the US, Ireland, the UK and China to complete their medical degree <http://www.imu.edu.my/imu/about/partner-universities>.

This is an area primed for exploitation, for example Queen Mary University of London introduced a five-year course in Medicine on the Maltese island of Gozo in September 2015. The programme, costing £25,500 per annum, is intended only for international students. Students will need to meet the same entry requirements and take the same course assessments as their counterparts in the UK

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213236/medical-and-dental-school-intakes.pdf

(<http://www.smd.qmul.ac.uk/undergraduate/malta/index.html>). In September 2015, another new Medicine undergraduate programme intended solely for international students commenced at the University of Central Lancashire, with annual fees of £35,000 (http://www.uclan.ac.uk/courses/bachelor_medicine_bachelor_surgery.php).

The next section examines why internationalisation, which on a theoretical level presents a good opportunity for universities to share and contribute to knowledge and initiate reforms across the sector including the curriculum (e.g. De Vita & Case, 2003; Jiang, 2008), has in practice, become a mechanism for creating commodities to be sold in return for profits. In addition, rather than HEIs contributing to a more equal world, these practices, it will be argued, perpetuate the global divide between the wealthy and powerful Global North and the poorer Global South and, in essence, is another aspect of neoimperialism whereby wealthier nations continue to exploit the poorer ones. This situation has emerged, or rather continued, albeit in a different guise, as a result of historical factors chiefly associated with imperialism and colonialism. The next section introduces this position in association with the underlying theoretical framework of the study, that of postcolonial theory.

Section two

Postcolonial theory framework

Rizvi (2007) suggests that any discussion about international education must start with a historical analysis and, within the context of this study, is considered within a postcolonial theory framework. Given the complex nature of defining postcolonialism, discussion of this topic can only be partial and will focus chiefly on the impact of colonisation on education, in particular the economic exploitation of international education within the globalised world today, and this is further elaborated in the next section of this chapter which examines globalisation, in particular neoliberal globalisation and its connection to past colonialism and the neoimperialism of today. This section of the chapter gives a brief discussion of

colonialism, an attempt to illustrate the complex nature of postcolonialism and the stance adopted within this study in relation to postcolonial theory.

By the early part of the twentieth century, 90% of the global land mass was controlled by European states and their allied colonial powers (Young, 2003). Loomba (2005) states that 'colonialism can be defined as the conquest and control of other people's land and goods' (8) and, in this sense, colonisation has been in existence long before European colonisation. However, European colonisation differed in that it 'ushered in a new and different kind of colonial structure which altered the whole globe' in a way that other colonisation did not (9). Referring to the work of Bottomore (1983:81-83), Loomba (2005) explains, from a Marxist perspective, that this crucial difference can be located in the fact that earlier colonisation was pre-capitalist whereas modern colonisation was established alongside capitalism in Western Europe. 'Modern colonisation did more than extract tribute, goods and wealth from the countries that it conquered – it restructured the economies of the latter, drawing them into a complex relationship with their own, so that there was flow of humans and natural resources between the colonised and colonial world' (9). Colonies also provided a captive market for European goods, whether they were from Europe or from other colonies, and all profits flowed back to the 'motherland' to provide all that was necessary for the growth of European capitalism and industry. Thus, 'without colonial expansion the transition to capitalism could not have taken place in Europe' (10). Today, although formal colonisation has ended, the economic value of former colonised nations remain and the policies and strategies within international education can be seen as a small part of a well-crafted global strategy, controlled by the nations of the Global North, to continue the exploitation of poorer nations.

Young (2003) contends that colonial and imperial rule was legitimised by anthropological theories, which were based on the concept of race. Very simply, the West/Non-West relationship was thought of in terms of white versus non-white, and the white culture was regarded (and still is regarded) as the basis for ideas of legitimate government, law, economics, science, language, music, art, literature—in

a word, civilisation (Sardar, 1999; Young, 2003). In this context, the people of the colonised world were portrayed as inferior and incapable of looking after themselves, and thus requiring the rule of West for their own best interests Said (1978, 2003). Following the independence of former colonised states, there has been a gradual discrediting of 'race' as a rationale to explain difference and legitimise inequality. Today, 'race' has been superseded (but not replaced) by a new explanation for difference and conflict, based on the protection and preservation of Western culture and values. Tikly (2004) argues that it is within the cultural/scientific sphere that the distinctiveness of the new imperialism can be marked out from the previous form of Europe imperialism, and the new explanation of difference and the justification for conflict and inequality is the clash between cultures or between the Christian and Muslim worlds (Tikly, 2004; Said, 2008). Thus, despite decolonisation, the major world powers did not change substantially and the same (ex) imperialist countries continue to dominate those countries they had previously ruled, while countries which have positioned themselves against such control have suffered military intervention (Young, 2003) and economic sanctions.

Debates surrounding postcolonialism not only indicate genuine disagreement, both theoretical and political, but also involve a range of conceptual confusion over the scope of its major claims. Postcolonialism is a contested and multidimensional term, which is aptly summarised by Nichols (2010) when he states that the term is polysemic in nature, contested, and contradictory in use. Loomba (2005) argues that postcolonialism is fraught with contradictions and challenges because, as a theoretical approach, it originates from Western schools of thought, ranging from Marxism to post-structuralism, and from feminism to nationalism. Hall (1996) and Huggan (1997) suggest that 'post' is used to indicate not how colonial conditions have ended, but rather how the historical context of colonialism is connected to contemporary neocolonial conditions. In a similar manner, Bhabha (1994: 6) states that postcolonialism 'is a salutary reminder of the persistent 'neo-colonial' relations within the 'new' world order and the multinational division of labour'. Loomba (2005) is opposed to the term 'postcolonialism', particularly the 'colonialism' part as it implies that the colonised world has no other history and suggests that the term is

used with caution or redefined as a 'process of disengagement from the whole colonial syndrome' (18).

Moore-Gilbert et al. (2014) contend that its multiple status — that of a chronological moment, a political movement, and an intellectual activity — makes an exact definition difficult. Developed in the 1960s within the disciplines of literary and cultural studies, postcolonialism has, over the decades, drawn upon other academic disciplines, with the aim of highlighting the dominant and unspoken discourses so as to question and challenge the legacy of colonialism, and the neocolonialism and neoimperialism of today, and to locate it within debates surrounding class, race and gender. This development has caused tension within Western academia, with academics who are content to view postcolonialism as being situated within culture and literary theory and others who object to the politicising of the academy. Thus, 'postcolonialism occupies the space between the ivory tower of a cloistered academic world ...and the larger cultural community' (Moore-Gilbert et al., 2014: 2).

It could be argued that the concepts of postcolonialism and postcolonial discourse were brought into currency by Said (1978, 2003) in his seminal work entitled *Orientalism*, which refers to Foucault's (1972) concept of a discourse in attempting to understand how the colonial system became embedded as a global norm and why, until today, the world has continued to be economically, politically and culturally dominated by many former imperialist countries that now form the world's superpowers. Orientalism is best understood as a system of representations, a discourse framed by political forces through which the West sought to understand, dominate and control its colonised population in the Orient. It is a discourse that both assumes and promotes fundamental differences between the Western 'us' and the Oriental 'them' (Rizvi & Lingard, 2006: 295–296). Orientalism, Said argues, is therefore not mere racism but an imagined imagery expressed through an entire system of thought and scholarship which permeates all of society to become the normative assumptions that govern every aspect of life. It is thus entrenched within education, policy-making, the government, and day-to-day activities. This perspective was historically communicated to Western audiences in a variety of

forms, such as journalistic reports and academic and political accounts, and was depicted as an objective analysis of colonised populations.

Whilst providing a useful account of how the Western world was, and is still, able to dominate and exert influence and control over much of the poorer Global South, there are some who are critical of Said's notion of binary opposites and the universalising tendencies in his account of orientalism (Fanon, 1984; Bhabha, 1994; Spivak, 1988; Loomba, 2005). Fanon (1984), for example, strongly disagrees with any definition of colonialism in terms of a binary opposition: the coloniser and the colonised. Instead, he insists that colonialism may only be understood as a complicated network of complicities and internal power balances between groups within the broader categories of coloniser and colonised. Ahmed (1992) and Loomba (2005) argue that Said's model is heavily reliant upon the Foucauldian notion of power and tends to grant almost total supremacy to dominant systems of representation with a rigid dichotomy of domination and subordination that does not take into account the diversity of historical context, the diversity of colonised people or the agency of colonised subjects. Bhabha (1994) takes this point further and suggests that whilst it was the norm for colonial subjects to aspire to imitate the colonial masters and to internalise being colonised, imitating and conforming to the norms of colonisers could also be seen as both an expression of subjugation and subversion. This imitation or mimicry, for example, by acquiring the language and education of the colonial master, meant that colonised subjects could use this language to both achieve limited progression in colonial society (Altbach, 1995; Tikly, 2004) and challenge colonial rule. Thus, English education in Africa and Asia became a double-edged sword because the colonised did not simply accept the superiority of English institutions, but rather used English education to undermine that superiority, foster nationalism, and demand equality and freedom (Loomba, 2005). Within the context of the study, this is an area that will be examined, given that international students are aspiring to gain a medical education in the language, culture and society of more powerful countries. Will they then use this newfound qualification as a way of challenging the system, which has created and continues to create an unequal world? Will they return to their home countries and indirectly challenge the system

by providing/developing health care and perhaps training new doctors within their home settings?

Bhabha's (1994) representations of resistance contrast with the views of another postcolonial critic, Spivak (1998), who points out that the voices of resistance to which Bhabha and others refer are the voices mostly of the Western-educated, indigenous elite and not of those on the margins of colonial circuitry: men and women among the illiterate peasantry and the lowest strata of the urban population. Spivak (1998), in her essay entitled '*Can the Subaltern Speak?*', argues that postcolonialism is, in effect, a Western construct, particularly a male, privileged, academic and institutionalised discourse that ironically re-inscribes neocolonial imperatives of political domination, economic exploitation, and cultural erasure. In this manner, the postcolonial critic is unknowingly complicit in the continuation of imperialism. She argues that knowledge of the third world was always tainted with the political and economic interests of the West and indicates that the West is, in effect, talking to itself, and in its own language, about 'the other' for the benefit of Western readers and, in particular, Western writers. Spivak contends that any attempt from the 'outside' to give a collective voice to the subaltern will invariably involve the problem of a dependence upon the intellectual to 'speak for' their conditions, rather than allowing them to speak for themselves. She also argues that the assumption of a subaltern collectivist itself risks an ethnocentric essentialism that does not account for the heterogeneity of the colonised people, and by speaking out and reclaiming a collective cultural identity, subalterns will, in fact, re-inscribe their subordinate position in society. In response to the question '*Can the Subaltern Speak?*', the answer, from Spivak's perspective, is that they cannot when Western academia is unable to relate to the 'other' with anything other than its own paradigm.

Andreotti (2011) discusses the complex nature of postcolonial theory and contends that this complexity is due to its identification with 'two antagonistic theoretical orientations'. Depending on a theorist's leaning towards one or the other, postcolonial definitions and approaches may differ widely; thus, it is important to

contextualise postcolonial theory in relation to both orientations. The first is a discursive orientation that focuses on the instability of signification and the close relationship between the production of knowledge and power that is sceptical of grand narratives of progress and emancipation. This perspective is associated with post-structuralism and postmodernism (e.g. the work of Spivak, 1990). The second orientation is 'based on Marxist historicism that focuses on a critique of capitalism, a teleological reading of history, and the project of international solidarity around emancipatory social action' (14), e.g. the work of Young (2001). Thus, in this manner, she argues that whilst postcolonial theory is useful in exposing how Western hegemony has continued the colonial legacy of subjugating the poor nations, including the dismissal of their knowledge systems and ways of understanding the world, it does not offer a constructive or actionable alternative (Andreotti, 2011). Dirlik (1994) and Ahmad (1995) continue this idea and argue that postcolonial theory, as well as lacking a clear objective, offers no way of critiquing global capitalism and that it has been incorporated within the neocolonialism of today. Dirlik (1994) further contends that postcolonialism is designed to 'avoid making sense of the current world situation and, in the process, to cover up the origin of postcolonial intellectuals in global capitalism of which they are not so much victims as beneficiaries' (353). This is also emphasised by Fanon (1968), who argues that when European colonisation ended, it was replicated and replaced by the colonised bourgeoisie with their own form of dominance, and this group of elites continues to be the beneficiary of global capitalism.

The section above has given a partial insight into the complexities inherent in defining the concept of postcolonialism/postcolonial theory. It illustrates that there is not a singular or coherent account of the term and it is therefore necessary to state how it will be defined within any study that employs such a theoretical framework. Thus, for the purposes of this study, a practical and particular stance is adopted. Postcolonial theory will be used as a tool to clarify the history and legacy of European colonialism, thus enabling an understanding of how Europe was able to exercise colonial power over 90 per cent of the world's population (Young, 2003) and how 'it continues to shape most of our contemporary discourses and institutions—

politically, culturally and economically' (Rizvi et al., 2006: 250). According to Young (2003), Tikly (2004) and Harvey (2005), postcolonialism acknowledges the fact that the nations of Africa, Asia and Latin America are largely in a situation of subordination and economic inequality in comparison to those of Europe and North America. Within the context of this study, postcolonialism names a political and theoretical approach that offers a way of understanding this world situation and, in particular, the internationalisation of education. Thus, postcolonialism, within this study, allows:

1. a theoretical approach to the manner in which language operates in the colonial formation of discursive and cultural practices and illustrates how discourse and power are inextricably linked;
2. a political account of the way in which global inequalities are perpetuated by the legacy of colonialism, and, in doing so, suggests ways in which to resist this in order to create a more socially just and equitable world (Rizvi et al., 2006: 250).

It is this second aspect of postcolonial theory that is central to this study. I acknowledge the argument that postcolonial theory is useful in exposing how Western hegemony has continued the colonial legacy of subjugating the poor nations yet does not offer a constructive or actionable alternative (Andreotti, 2011). However, it is hoped, as a result of its findings, that this study may offer some practical recommendations with regard to the current internationalisation practices and strategies within the case study Medical School that may contribute to a more socially just and equitable world.

Section three

Neoliberal globalisation, the new imperialism of today, and the internationalisation of education

The preceding section has briefly introduced the continuing legacy of colonialism. The following section examines, in more depth, how these legacies, in association with current world policies, determine the global

environment. The discussion takes into account how the following interrelated factors have all contributed to this situation, specifically with respect to education: globalisation (particularly neoliberal globalisation) and the resultant new imperialism of today, and the legacy of colonialism.

Globalisation and neoliberal globalisation

Rizvi (2007) contends that globalisation, both in terms of policy and practice, has become a natural and self-evident part of the contemporary world and that the current processes of globalisation are usually described without any historical perspective, nor take into account the current and shifting configurations of power. He argues that a need exists to understand both globalisation in general and its processes in education from a historical perspective, and that a reference to postcolonial theory can prove useful in this analysis if viewed as a political intervention. This is necessary because globalisation today cannot be disassociated from its roots in European imperialism. Globalisation continues to mould the lives of people in both the Global North and Global South and, within this structure, domination by powerful nations over others remains and inequality persists, both politically and economically. People in poorer nations, he argues, would see very little difference in the colonial rule of the past and the current economic, political and even military domination by powerful nations and multinational companies operating in their countries. Thus, it is necessary to interpret the construction of globalisation historically rather than as a natural economic process, and unless this is done 'many of the neoliberal ideas that have become hegemonic in recent years will continue to appear a natural and inevitable response to the steering logics of economic globalisation. It will be impossible to recognise this ideology as historically specific, which serves a particular set of interests on behalf of powerful social forces, namely the transnational corporate and financial elite' (Rizvi et al., 2006:255).

With particular reference to education, Rizvi et al. (2006) and Rizvi (2007) maintain that reforms and strategies within educational policies and programmes for a 'globalised world' have also become a 'self-evident state' which the world naturally

accepts as imperative to meeting the emerging global knowledge economy. This ideology is devoid of historical and political context, and the authors suggest that what is being advocated as education for a global world is rooted within imperialist ideologies. Western education is still viewed as the best in the world, and to succeed it is imperative to acquire this 'brand' of education. In practice, this ideology is perpetuated by the richer nationals of the Global North marketing their programmes to the world as part of a package that emphasises the esteem and career value of a Eurocentric education within a global society, usually for financial and economic gain. Not only are poorer nations subjected to an 'invasion' by *McDonalds*, *Nike* and *Apple*, but a qualification and/or education from a school, college or university modelled on or from one of the superpowers of the Global North is viewed by citizens in poorer nations as the 'best in the world' and the 'key to success' in their future careers (Mazzarol & Soutar, 2002). The next section further elucidates on the concept of globalisation and, of pertinent relevance to this study, neoliberal globalisation.

In common usage, 'globalisation refers to the fact that we all increasingly live in 'one world, so that individuals, groups and nations become interdependent' (Giddens, 2001: 52). However, this interdependence is an unequal one in which the powerful nations of today, previously the colonial masters of the past, have allowed formerly-colonised nations to join the emerging global economy on a subservient basis so as 'to continue to extract surplus value from them' (Tikly, 2004: 176). Tikly's perspective is examined further in the latter section of this chapter and refers to the various strategies, including those related to education, currently utilised by powerful nations which continue to exploit the resources, be they financial, natural or human, of the poorer countries.

The definition of the term *globalisation* is nebulous and, as a concept, subject to much controversy and debate as well documented in the work of Held and McGrew (2002). The manifestations of globalisation can be felt throughout the world and are often viewed as the norm in contemporary life, a situation that Rizvi (2007) warns against. The key characteristics of globalisation are 'the expanding scale, growing

magnitude, speeding up and deepening impact of interregional flows and patterns of social interactions' which 'expands the reach of power relations across the world's major regions and continents' (Held & McGrew, 2002:4). With the advent of relatively free world trade and movement of people¹², ease of travel and common usage of digital technologies (e.g., internet and satellite) it is possible for people and companies to easily relocate and communicate across the world. Bauman refers to this concept as 'time and space compression' (1998:2). It is argued that this extension and intensification of economic, political, social and cultural interaction between peoples across borders of all kinds is perhaps a natural progression in the evolution of human society (Smith, 2010:19). However, since the 1970s, another form of globalisation has emerged which is of particular relevance to this study, that of neoliberal globalisation. The next section of this chapter examines how the neoliberal strategy emanating from global mechanisms controlled by the powerful nations of the Global North has in essence created the new imperialism of today which has subsequently influenced all aspects of the world, including education.

Chilcote (2002:83) argues that 'globalization can only be understood as a manifestation of imperialism and the devastating capitalist order', and suggests that imperialism should be used as a theoretical framework for understanding the impact of global capitalist/neoliberal strategies on the contemporary world. He notes that imperialism has existed since the time of the Romans however, after 1870 the traditional forms of imperialism were supplanted by the new imperialism characterised by European and US expansion, and this is closely associated with the neoliberal ideology adopted by the powerful nations of Western Europe and the US (ibid: 81). Modern globalisation is described by many Marxists as a new form of Western imperialism, dominated by the need and requirement to finance capital within the world major capitalist states. Thus, Marxist analysts argue that this new imperialism has acquired new empires in terms of commercial financial dominance, and that this has been achieved by new mechanisms of world governance through

¹² The researcher would argue that genuine freedom of movement does not exist, but rather certain people are allowed to move if they are required by host countries (usually affluent ones) for their particular skills.

the World Bank (WB), G7¹³ and International Monetary Fund (IMF) (Held & Mc Grew, 2002:5). Equally, some authors (Gordon, 1988; Calliniicos et al., 1994; Hirst, 1997; Hoogvelt, 1997) cited in Held and Mc Grew (Ibid.) argue that the concept of globalisation is primarily an ideological construction which helps in part to justify and legitimatise the neoliberal global project in order to create a global free market and the consolidation of Anglo- American capitalism in major regions of the world. As such, the concept of globalisation 'operates as necessary myth' through which politicians and governments discipline their citizens to meet the requirements of the global workforce, a process in which education is an integral part. This perspective is reiterated by Galbraith (1997), who states that 'Globalisation is not a serious idea. We, the Americans, invented it as a means for concealing our policy of economic penetration into other nations' (cited in Vilas & Pérez, 2002:70).

Global capitalist domination as a new form of imperialism is echoed by Harvey (2003) who states that imperialism, or rather 'capitalist imperialism', is a 'contradictory fusion of the politics of state and empire' (26). Firstly, imperialism as a political project stresses the political, diplomatic and military strategies utilised by a state (or a collection of states) operating as a political power block to assert its interests and achieve its goals in the world. Secondly, imperialism as a 'the molecular processes of capital accumulation in time and space' refers to the manner in which economic power flows towards and away from regional power blocks, and is associated with the profit maximisation strategies of multinational corporations¹⁴, the global financial market, the use of new technology and the movement of labour to service these global corporations and financial services (Ibid.). Education subscribes to both these manifestations of imperialism. Firstly, world governance organisations, by attaching funding and financial aid to explicit conditions, have

¹³ The Group of Seven (**G7**) is an informal bloc of industrialised democracies (the US, Canada France, Germany, Italy, Japan, and the UK), that meets annually to discuss issues such as global economic governance, international security, and energy policy.

¹⁴ An enterprise operating in several countries but managed from one (home) country. Generally, any company or group that derives a quarter of its revenue from operations outside of its home country is considered a multinational corporation.

continued to impose upon poorer nations particular types of educational policies which are chiefly in the interests of the Global North (Political). Secondly, education is 'sold' to international students as a profit-making commodity (Economic). These attributes of capitalist imperialism are entrenched within a global neoliberal ideology and its ensuing policies have shaped the globe socially, economically and politically, and of relevance to this study also in terms of educational policies and practices.

As discussed in Chapter one, neoliberalism¹⁵ is a political-economic ideology that supports the advancement of individual entrepreneurial freedom with a strong emphasis on private property rights, free markets and free trade (Harvey, 2005). The role of key international agencies, such as the IMF and WB, was (is) that of 'diffusing neoliberalism globally through the so-called Washington Consensus¹⁶ in development and foreign aid policy' (Barnett, 2010:2). Free trade strategies have been established by organisations such as the World Trade Organization (WTO) and, to a lesser extent, the Organisation for Economic Co-operation and Development (OECD), which allow powerful nations to determine and benefit from the terms of trade in goods and services; for example, Harvey (2003:161) notes how cheap imports of vegetables from the US under WTO rules are bankrupting farmers in Japan and Taiwan. Free trade strategies have opened up markets for Western goods and services within the poorer nations as well as allowing multinational companies to locate within areas where labour and capital costs are low. Furthermore, by lending much-needed capital to poorer nations and then imposing punitive financial and other conditions, these poorer nations have become the backbone of the global enterprise from which Western nations accumulate their profits (Tikly, 2004). Thus, global economic policies have been implemented by the world governance

¹⁵ Unlike Classical liberalism with its central philosophy of the individual from the state, neoliberalism advocates a positive role for the state in facilitating the working of a market in developing institutions and individuals that are responsive to the market system.

¹⁶ ¹⁶ The Washington Consensus support a neoliberal agenda and advocated trade and financial liberalisation, privatisation, deregulation, openness to foreign direct investment, a competitive exchange rate, fiscal discipline, lower taxes, and smaller government, none of which could plausibly lead to mass prosperity. <https://monthlyreview.org/2003/06/01/after-neo-liberalism/>

organisations to promote the economic and financial domination by the West, which continues to perpetuate the unequal divisions that exist in the world today.

Neoliberal policies and the internationalisation of education

Two interrelated factors have contributed to the expansion of the internationalisation of education as it stands today, and both are associated with neoliberal policies and strategies. Firstly, Chapter one described how, in the 1980s, a shift away from Keynesian economic policies towards a neoliberal ideology in the UK, (and most of the Global North) introduced market mechanisms and new public management systems to the national health system; these principles were also applied to higher education. The neoliberal ideological assumption is that competition with and between HEIs for limited resources would produce a more effective and efficient education system. Olssen & Peters (2005) state that the ascendancy of neoliberalism and the associated discourses of 'new public management' during the 1980s and 1990s have produced a fundamental shift in the way HEIs have defined and justified their institutional existence. These changes resulted in reduced public spending on higher education which have and continue to force HEIs to raise income from other sources; 'selling' their services overseas is one such strategy. In addition, the traditional professionalism of academics in higher education has eroded and, as Naidoo (2010) argues, with reference to the work of the social theorist Pierre Bourdieu, higher education has lost its 'academic capital'. Previously, 'academic capital' consisted of the intellectual or cultural aspects of higher education which were based on a high degree of autonomy that generated an independent organisational structure and value. Under the neoliberal framework, this has been replaced by a market focus in which autonomy has been superseded by audits, performativity, and public accountability (Ball, 2008; Evans, 2008). Thus, in higher education, the 'academic capital' of traditional professional culture with open intellectual debates and values has been replaced by economic and political imperatives.

Secondly, since 1990, and as a result of public policies in response to reports by the OECD (1996) and the WB (1998), higher education has been considered an important feature in the development of poorer nations and has emphasised a shift in how knowledge is now viewed. Peters (2003) argues that, as a result of these policies, which many governments have adopted, 'knowledge capitalism' has emerged to describe the transition to the so-called 'knowledge economy' and as a result 'education is reconfigured as a massively undervalued form of knowledge capital that will determine the future of work, the destiny of knowledge institutions and the shape of society in the years to come' (361). This is very different from the policies adopted beforehand, in which heavy emphasis was placed by the WB and UNESCO (United Nations Educational, Scientific and Cultural Organization) upon primary education at the expense of other levels of education, thus denying the essential tools of indigenous research and innovations which are central for development (Crossley, 2001; Tikly, 2003). The rationale for this change was based on the assumption that, in the contemporary knowledge economy, the ability to access and utilise information would assist poorer nations to become 'information rich' and that this would aid economic development.

Olssen & Peters (2005) maintain that in the contemporary global neoliberal environment, governments attach much economic value to higher education; it is thus viewed as a key driver of the knowledge economy. Consequently, HEIs have been encouraged to develop links with industry and business and to actively sell their services abroad as a revenue-generating export (Conlon et al., 2011:10-12). HEIs have therefore been coerced into adopting a more business-like approach (Luke, 2010) in which education is viewed as a 'commodity for sale' linked to performance measures (Ball, 2008) to encourage greater outputs (i.e., increased revenue). This emphasis on knowledge as an economic/commodity value which can aid development is promoted by global representatives of neoliberalism, namely the WTO, the WB and the OECD and is chiefly for the benefit of wealthier nations (Jiang, 2008; Naidoo, 2010). An important point that Jiang (2008) makes is that, within this

argument, the distinction between information and knowledge¹⁷ is blurred and the terms are used interchangeably. This is perhaps a deliberate attempt at manipulation for economic gain; for example, in order to raise revenue, educational institutions 'sell' mass off-line and online courses to poorer nations, aimed purely at the acquisition of low level knowledge or competencies (Naidoo, 2010). Grant (2009) argues that this approach creates the mundane workers required for multinational corporations to exploit, and not the skilled worker needed to develop the country. In this scenario, poorer nations are perhaps duped into thinking that these 'imported' educational courses could assist in the development of their country, but in reality the skills acquired by its citizens are more useful to multinational corporations operating within their country. Thus, in this two-pronged 'attack', the more powerful nations benefit financially at the expense of the poorer nations.

Since the 1990s, as a result of the emphasis placed on the acquisition of knowledge for development, higher education has been placed in the role of 'producing, disseminating and transferring economically productive knowledge, innovation and technology' (Carnoy, 1994, cited in Naidoo, 2010: 67). It is argued that, given the technological advancements of today, a more highly-specialised worker is deemed essential to the global economy and the attainment of these high level skills is within the domain of higher education. Whilst these seem to be very positive aspirations for higher education, pressure from a global neoliberal paradigm has unfortunately transformed these noble aspirations into narrow economic imperatives, chiefly from a perspective whereby the universities of the Global North capitalise on the 'trade' in knowledge to raise revenue at the expense of poorer nations.

In light of this discussion, it is argued that the internationalisation of education is embedded within a neoimperialistic paradigm, both in practice and strategy, given that powerful nations are able to exercise their control and domination and receive the profits from doing so at a distance and by the implantation of Western

¹⁷ Information is basically the storage, retrieval and processing of data; knowledge involves deep understanding and reasoned judgement and needs to be transmitted to people in some systematic form (Jiang, 2008), it is this that aid development rather than purely information in its raw format.

international schools and universities in poorer countries. The argument which follows is that the legacy of traditional European colonialism, coupled with the neoliberal agenda, have endorsed the explosive growth of internationalisation which, despite very idealistic notions (Caruana & Spurling, 2007; Higher Education Academy, 2014), has become another strategy for exploiting the resources, both human and capital, of poorer nations.

Internalisation and the legacy of past colonialism

The historical legacy of colonialism is such that the direction of cultural flow is largely uni-directional – from ‘West’ to the ‘Rest’ (Rizvi, 2004:159) and, as stated by Crossley and Tikly (2004), postcolonial legacies in many ex-colonial states have resulted in education systems that ‘remain elitist, lack relevance to local realities and are often at variance with indigenous knowledge systems and beliefs’ (149). Under colonial rule, indigenous educational systems were destroyed either by design or by policies which ignored local needs and instead established education models based on the dictate of the colonial government (Altbach, 1995). If any attention was given to education, it was focussed on meeting the needs of the colonial powers and not those of the indigenous population. Thus, colonial education centred on humanistic studies which Altbach (1995) argues denied training in technology and science that could have helped develop the country after independence. It is argued that the situation remains the same today; the education systems within poorer nations continue to be dictated by the powerful nations and to serve the interest of these nations.

Fluency in the language of the colonial power and attainment of skills necessary for secondary bureaucratic work were the aims of education in the colonies. Educational policies were elitist; in India, for example, the British rulers assumed a ‘downward filtration’ system in which a small number of Indian elites with a British-style education were responsible for spreading ‘enlightenment’ to the masses (Ibid). For the small minority who progressed beyond basic education, colonial schooling inculcated these indigenous elites into a Western way of thinking, based on Western

forms of knowledge. This longstanding influence of Western education has created the 'colonised psyche'¹⁸.

Political independence resulted in very little change in the educational systems of the ex-colonies, and few countries made any notable change to the educational models established during colonial rule. Whilst in some countries the education system expanded to meet the needs of the population, there was very little change in the curriculum and, in some former African colonies, higher education remained firmly rooted in the English curriculum (Altbach, 1995: 454). European technology and learning was (and still is) regarded as progressive (Loomba, 2005:24) and, importantly, the learning resources (Altbach, 1995) and training of teachers continue to be heavily influenced by ex-colonial masters, to the extent that teachers from poorer nations continue to be trained in England. For example, St Marys University College has accepted sponsored trainee teachers from Malaysia since the 1980s (<http://www.stmarys.ac.uk/news/2011/047-education-in-malaysia.htm>). The continued use of European languages after independence, in particular the status given to English (Kachru, 1995) and the opportunities it allegedly confers, have aided the internationalisation of education: 'English is such an important language in today's global society. It's the language of business, the internet and modern culture. So being confident in English is pivotal in helping you fulfil your potential and get the most out of life' <http://www.britishcouncil.org/english/academics>.

Under colonial rule, a European Christian education was justified by a moral imperative to elevate the 'uncivilised' indigenous population. This moral imperative shifted after independence, and a new discourse of 'development' was introduced after the Second World War. Again, this discourse was based on the inferiority of poorer nations and the imperative to elevate such nations so that they could participate in the new capitalist global economy (Tikly & Bond, 2013). Tikly (2004) argues that the agenda of 'development' espoused by multilateral agencies such as the United Nations, the WB and the IMF have provided the principal means by which

¹⁸ This term is used by researcher to denote an inner belief which holds in reverence the values of ex-colonial masters, now the powerful nations of today.

powerful nations of the Global North have continued to control and dominate poorer nations, as emphasised by Uruguayan Eduardo Galeano (1998):

‘Developing countries’ is the name that experts used to designate countries trampled by someone else’s development. According to the United Nations, developing countries send developed countries ten times as much money through unequal trade and financial relations as they receive through foreign aid (Cited in Grant, 2009: xii).

Within this development strategy, education plays a central role. Education was constructed in different ways by these multilateral agencies and always cloaked in the overall objective of development, namely, economic growth and poverty reduction. During the 1980s, the multilateral agencies pursued primary education as this was seen as the principal means to eradicate poverty because of its relatively high social rates of return to gross domestic product (GDP) and growth. Thus, education has played (and continues to play) a key role in the development projects of all multilateral agencies, and these agencies have been able to use financial aid to dictate the educational policies of poorer nations, namely by linking lending and development aid to certain forms of education (i.e., basic skills, primary education) that could lead to increase GNP (Tikly, 2004: 188-190). Crossley (2001), Tikly (2003), Tikly et al. (2003) and Tikly (2004) point out that the heavy emphasis placed by the WB and UNESCO upon primary education removes the poorer nations’ capacity for research and innovation, crucially important factors if these countries are to link education to sustainable development. As discussed earlier in this chapter, the strategy to promote primary education was changed in the 1990s to capitalise on the idea that knowledge acquisition allows poorer nations to develop. However, with a historical infrastructure focused on primary education, this quest for knowledge to aid development was placed firmly in the realm of higher education, thus creating a market for HEIs in the Global North to exploit to the maximum.

Anwaruddin (2014), referring to the work of Rancière, argues that the WB, through its discourse of the deficient ‘developing’ world in need of the ‘developed’ world’s superior knowledge to grow both economically and socially, has managed to manipulate poorer nations into a state of continual dependency on the West for

guidance and support. The 'superior' knowledge of the 'developed world' is continuously changing; thus, poorer nations are in a constant state of catch up, meaning that they never will catch up (Sardar, 1999; Anwaruddin, 2014). As mentioned earlier, financial aid dispensed to poorer nations has been used to dictate the educational policies of those nations, thus creating basic and superficial educational programmes. Martell (2005) argues that such a situation creates the mundane workers required for multinational corporations to exploit instead of the skills and knowledge needed to develop a country. Although referring to schools, the following statement applies equally to the educational strategies imposed on poorer nations:

Capitalism requires increasing numbers of workers, citizens and consumers who are willing to do what they are told to do and think what they are told to think. The production of such human capital is the most fundamental role schools play in a capitalist society (Martell, 2005:5, cited in Grant, 2009: ix).

It could also be suggested that another reason for discouraging the development of higher education in poorer nations is that a well-established higher education system has the potential to enhance its citizens' critical skills, and that this might challenge the dominant discourse of the West.

The recruitment of international students onto programmes in European countries, North America and Australia are not only for financial gain but also impose the values of the host cultures and perpetuate the idea that the English language and the education systems of these former colonial powers, now the new imperialists, are 'still the best in the world' and will enhance career opportunities and progression. The authority of colonialism and the new imperialist agenda is continuously drawn upon in order to recruit students:

The international spaces most easily reached, and most apparently 'obvious' are those to which the UK has been linked through colonial heritage. Thus the initial impetus for many international students to come to study in Britain was rooted in the structures of academic imperialism that emanated from the colonial period, in which a

qualification gained from the 'mother country' attained considerable cultural, economic and emotional value (Madge et al., 2009:39).

In Medicine, the power of the empire continues to be forceful as medical practice and qualifications remain influenced by regulating bodies and professional organisations located in ex-colonial nations. These organisations implicitly shape migration and the decision of where to pursue higher education through their ability to award internationally-accredited professional qualifications. For example, qualifications awarded by the British Royal Colleges in the various medical specialities have both credibility and transferability across different parts of the old empire because of their imperial legacy. The connection to the old empire confers a wider currency on such qualifications and facilitates professional as well as geographical mobility (Raghuram, 2009).

This chapter has illustrated how colonialism and imperialism are not concepts of the past but rather have continued as the practice of power and economic domination of one group over another. The new colonialism and imperialism of today are imbued in the legacy of past domination and entwined with global policies, chiefly neoliberal ones, whereby the Global North continue to dominate and exploit poorer nations. In the 1990s, knowledge within a neoliberal environment became a chief economic driver for the accumulation of capital, thus creating a new role for HEIs, specifically in the Global North, to exploit. Despite the rhetoric to enrich/develop the poorer nations by enhancing their knowledge capabilities, it can be argued that this is a veneer which cloaks the ultimate agenda to firstly, exploit poorer nations by selling educational services and secondly, by 'poaching' citizens of poorer nations if they possess the skills and knowledge of use to wealthier nations. Within this mix, as part of the mission to maximise profits, poorer nations often receive a sub-standard form of education, in particular curricula that can be mass-produced and consist of online modules and/or competencies that can be easily and cheaply assessed (Naidoo, 2010). This type of learning does not contribute to effective education which can lead to development (Jiang, 2008). Likewise, the policies of the UN, the WB and the IMF, which in the past have tended to promote primary and not higher

education in the poorer nations, have meant that the research and technological advances aligned to higher education lag behind in the poorer nations. All of these factors, plus the 'colonial psyche' of former colonised nations which still view educational institutions and systems of ex-colonial powers and the new empire of the US (Harvey, 2003) as superior, have been exploited by the Global North to their advantage. The result is one in which wealthier nations continue to maintain and increase their wealth and power, and global inequalities persist.

Chapter Three - Methodology

This chapter describes the design and conduct of the research in which the themes discussed in the previous chapter are referred to. It presents the theoretical framework underpinning the methodology employed and the methods used.

Challenges and limitations of a qualitative–interpretative methodology

A pragmatic approach underpins the qualitative–interpretative methodology employed, by which I mean that I have adopted various elements of this approach that were deemed appropriate and relevant to the study. I am conscious that this methodology has a number of challenges and limitations which I will address throughout the chapter. The study is set within a medical context and 'qualitative research is still regarded with scepticism by the medical community, accused of its subjective nature and the absence of facts' (Malterud, 2001: 483). However, like Malterud (ibid.), I agree that a qualitative–interpretative approach is founded upon an understanding of research as a systematic and reflective process in the development of knowledge that can be contested and shared, thus implying the possibility of transferability beyond the study context. To achieve this, the researcher must be prepared to be reflexive and acknowledge his/her history, context and experience, question findings and interpretations and assess their internal and external validity, and fully explain the methods utilised and the process and underpinning of the analysis. Furthermore, as an insider researcher within the Joint Venture, my role and relationships within two organisations were additional

factors that had to be addressed. These issues are addressed throughout this chapter.

The role of the researcher and the researcher's background

I am aware that my approach to the study and the interpretation and analysis of the data is influenced by my own history, experiences, understanding of the world, and current role within the organisation; thus, explaining my personal situation is essential to the study, as it allows the reader to gain an insight into the position from which I write. Writing about my background and experiences has allowed reflection upon my own role and acknowledgement of how my ethnicity and experiences as a colonial citizen and an immigrant in the 'mother country' underpin the study. It would be false of me to adopt a stance of neutrality, given that these factors shape all that I do and how I understand the world. It is for this reason that I also make clear the lens through which I have analysed the data (please refer to pages 62–64) and the theoretical framework in which the study is embedded.

I accept that the knowledge generated will vary in a multiplicity of ways according to the context in which the data were collected and analysed. This may inescapably lead to 'findings that are context-specific and therefore of relevance to a limited constituency' (King & Horrocks, 2010: 21). Given the unique nature of the Foundation programme, which is central to this study, it is very likely that the main finding and resulting recommendations will be very specific to this context; however, I envisage that there will be major themes and recommendations that may be of relevance to medical education in general and, in particular, to Medicine programmes specifically for international students.

I have over 30 years' experience working within the educational sector, firstly as a teacher in secondary schools and further education colleges, then as the Director of a graduate initial teacher training programme, and now as the Academic Director of the Foundation programme. I am a 'product' of colonisation, a dramatic statement but one that has taken me a long time to acknowledge. The background to this study

has unlocked a number of previously dismissed issues which I have had to confront; thus I am fully aware that this is reflected within the writing of this study and the interpretations of the data presented.

I was born in a country which, at that time, was a colony of the British Empire. My primary education in my home country was very much an English one; the curriculum, texts books and even the ABC poster on the wall were from England. English was the official language, both in school and at home. My formative years were filled with glowing tales of the British, their lives in the stately white houses on the sugar estates, the food they ate, how they spoke, how they lived and all aspects of their culture. Embedded within my psyche from birth was that the life, education and culture of the British were what one should aspire to. At the age of seven, my family migrated to England, and so began my life in the 'mother country'. As the only non-white in my school I was most definitely an outsider, not only because of my colour but also academically, as compared with my peers, I was two to three years more advanced in reading, writing and maths and, was considered a 'geek' (a testament to rote learning and corporal punishment in my home country). I quietly accepted this difference and the racism around me and, as a 'good subject', concentrated on gaining an 'English education' which included an undergraduate degree in Education and Economics.

At the time of my first degree, 'multicultural education' was much in vogue and I approached this 'topic' as any other – quite perfunctorily, without much in-depth thinking or analysis. However, my experiences in the first year as the Academic Director of the Foundation programme, along with the preliminary reading of literature on the education of international students, opened a floodgate of new perspectives and could be termed a 'critical incident' (Cunningham, 2008: 166) which dramatically changed my view of the world. The issues raised while researching the concept of internationalisation were reminiscent of those encountered whilst studying multicultural education in England during the mid-1980s, particularly the 'problems' caused by ethnic minority students with respect to the 'burden' on the school, the acquisition of English, and the embedding of

‘multicultural education’ within the curriculum and the institution. Working with international students in my present role, these issues seems to have re-emerged, although international students are perhaps viewed slightly differently in that they supply much-needed finance for the institutions.

Discussions by various authors, including Bhabha (1994), Loomba (2005), Rizvi (2005, 2007), Said (1978, 2003, 2008), Spivak (1988, 1990, 1991), and Young (2003, 2012), have been illuminating and have found much resonance with me. This has caused me to question all of the assumptions that have been instilled within me since childhood, and the manner in which my parents, and indeed the whole of the colonised world, have been brought up with the ‘colonised psyche’. The study has made me question my current role within the internationalisation agenda and has caused much inner conflict because I am part of a system that perpetuates a neoimperial agenda and the continuation of an unequal world. From my experiences and perspective, both on a personal and a professional level, the internationalisation of education, however defined, is inextricably linked to past colonisation and present day neoimperialism ; thus, the postcolonial theory framework and specific aspects of this theory within the methodology was seen as most relevant and appropriate to the study.

Methodology

Creswell (2012:16) identifies six characteristics of qualitative research and these were of relevance to the study:

1. The research study was exploratory and interpretative, and aimed to gain an insight into the experiences of international students on the Foundation.
2. Within the format of the study, there was not a formal literature review as such and as stated by Creswell ‘the literature review plays a minor role but justifies the problem’ (Ibid). Chapter two introduced the theoretical underpinning which was presented as two interrelated themes; firstly, the

internationalisation of education within a neoliberal globalisation environment, and secondly, within this discussion of internationalisation, the reliance on a postcolonial theory perspective. The latter serves to provide an understanding of why internationalisation can be viewed as a legacy of past colonialism and, coupled with global neoliberal strategies and policies, gives it authority as an integral component of contemporary neoimperialism. This theoretical underpinning also formed the basis for the interpretation of the data as discussed later in this chapter.

3. The research questions were broad and general so as to gain the participants' perspectives and experiences (Ibid).
4. The collection of data was 'based on words' from a relatively small number of participants (Ibid).
5. A 'bottom-up' inductive approach was taken in the analysis of data. The perspectives of the participants were used to build broad themes and then to generate a theory interconnecting the themes (Creswell, 2012: 237).
6. The report was presented 'using flexible, emerging structures and evaluative criteria, and including the researchers' subjective reflexivity and bias' (Creswell, 2012: 16).

Within the investigation, the perspectives of a number of stakeholders with a vested interest in the Foundation were considered of value. The term *stakeholders* refer to 'categories of people who have legitimate and professional interests in the operation of the scheme' (Hodkinson & Hodkinson, 1999:275). The following stakeholders were interviewed:

- Former Foundation students, including those who gained a place to study Medicine (in the Medical School and elsewhere) and those who did not.
- International students on the MBBS6 in the Medical School who did not complete the Foundation Programme
- Home Medical students in the Medical School

- Deputy Principal of the Medical School
- Dean of International Education
- Head of Recruitment – Joint Venture
- International Recruitment Officer (Medical School)
- Student Union President
- MBBS (PLB) tutors, including the MBBS6 Admissions Tutor

Semi-structured interviews

Silverman (2006:117-132) describes three ways in which data from interviews can be viewed, often referred to as positivism, emotionalism and constructionism.

According to positivism, interview data have the potential to give the researcher access to ‘facts’ about the world. The aim of such interviews is to generate valid and reliable data, independent of the research setting. The method employed in such a situation is reliant on a random sample and structured interviews that consist of standardised questions with a choice of pre-set answers which can be tabulated and analysed. Within the emotionalism perspective, interviewees construct their own meaning, and the aim of such interviews is to gain an authentic account of their experiences. Such a perspective favours an unstructured open-ended interview. Finally, according to constructionism, interviewers and interviewees continually engage in constructing meaning and the interview data are taken as topics with mutually constructed meanings rather than accurate descriptions of ‘facts’ or ‘experiences’.

These three categories are useful theoretical tools and, within this particular context, there were elements of all three that were pertinent to the study. There was a need to attain some ‘facts’ on the students’ backgrounds and how they gained a place on their current programme, but this is insufficient as it was also imperative to gain an insight into how they viewed their experiences. Furthermore, the view taken was that any interaction brings with it an element of constructing meaning. Thus, it was

felt that a positivist approach would not lend itself to meeting such multifaceted needs and, on a pragmatic level, holding open-ended interviews would not be a useful time-efficient method of gaining the data required. Semi-structured interviews were therefore used as they offered the opportunity to gain information from students as well as their perspectives on their experiences. Cohen et al. (2000:267) suggest that interviews allow participants (both interviewers and interviewees) 'to discuss interpretations of the world in which they live and to express how they regard situations from their own point of view'. Semi-structured interviews provide no choice of answer for selection by the interviewee; instead, questions are posed in such a way as to invite individual responses. This enables the interviewer to pose follow up questions and to ask for clarification and additional information if necessary.

The lengths of the interviews ranged from 25 to 40 minutes and were recorded using a digital recorder, apart from one, where the participant did not give consent to be recorded, in this case notes were taken. Interviews with participants based in the Medical school were conducted face-to-face, usually in a quiet office. Interviews with former Foundation students studying outside the UK took place over mobile phones (n=3) and Skype (n=2). These interviews were also digitally recorded however, the quality of the recording was, at times, poor due to the internet connection. The focus of the interviews with each group of participants is given in Table 1, under the section entitled '*Focus of the semi-structured interviews*'. Each participant was contacted after the interview and thanked for their time and contribution to the study (Appendix 5).

The focus of the semi-structured interviews:

| <i>Stakeholder</i> | <i>Focus of the semi-structured interviews</i> |
|--|--|
| International students - previous Foundation students who gained a place to study Medicine | <ul style="list-style-type: none"> • Their experiences on the Foundation programme, in particular their preparation for the MMI and the UKCAT. • How well has the Foundation prepared them for the study of Medicine |
| International students - previous | <ul style="list-style-type: none"> • Their experiences on the Foundation programme, |

| | |
|---|---|
| Foundation students who failed to gain a place to study Medicine | <p>in particular their preparation for the MMI and the UKCAT.</p> <ul style="list-style-type: none"> • The reasons they did not gain a place to study Medicine. • How well has the Foundation programme prepared them for their current studies? |
| Non-Foundation international students on the MBB6 in the Medical School | <ul style="list-style-type: none"> • Their experiences of the Medicine selection process, in particular their preparation for the MMI and the UKCAT. • How well has their pre-university course (i.e., entry to Medicine qualification) prepared them for the study of Medicine? |
| Home Medical students in the Medical School | <ul style="list-style-type: none"> • Their experiences of the Medicine selection process, in particular their preparation for the MMI and the UKCAT. • How well has their level 3 qualification (i.e., entry to Medicine qualification) prepared them for the study of Medicine? • Their experiences of working with international students. |
| <i>The above interviews allowed for a comparison of the three different student groups.</i> | |
| Deputy Principal of the Medical School | <ul style="list-style-type: none"> • Their interpretation of 'internationalisation' and how it is realised within the setting. • How does the curriculum reflect the internationalisation strategy within the Medical School? |
| Dean of International Education | |
| Head of Recruitment – Joint Venture | <ul style="list-style-type: none"> • Their role in the marketing of programmes to international students. |
| International Recruitment Officer (Medical School) | |
| Student Union President | <ul style="list-style-type: none"> • Perspective on international students in the Medical School. |
| MBBS (PLB) tutors, including the MBBS6 Admissions Tutor. | <ul style="list-style-type: none"> • Their perspectives on 'internationalisation' within the institution and working with international students. • How does the curriculum reflect the internationalisation strategy of the Medical School? |

Table 1. Focus of the semi-structured interviews.

Sample Size

The methods used to select a sample varied between the different groups interviewed.

(i) Former Foundation students

The contact details of all former Foundation students were available and as this was a relatively small number of students (n=55) it was decided to invite all 55 to be interviewed. The students were contacted via email to explain the aim of the study and to invite them to participate in an interview. A conscious decision was taken not to include the current cohort of Foundation students, as they had not yet completed the programme. The aim of the interviews was to obtain the views of previous Foundation students who could reflect on the medical selection process and how well the Foundation had prepared them for undergraduate studies. An email requesting an interview with them was sent to all 55 former students (Appendix 5). Table 2 gives a breakdown of these students and the undergraduate programmes they have progressed to; from 2011 to 2014, 10 Foundation students progressed to the partner Medical School to study Medicine, 15 to Medicine programme in another country and 30 to other non-Medicine programme. The final row of Table 2 indicates that number of students who agreed to be interviewed and their respective undergraduate programmes.

| Year | Number Enrolled | Number Completed | Studying Medicine in the Medical School | Studying Medicine in other UK medical schools | Studying Medicine abroad | Other Programmes |
|--|-----------------|------------------|---|---|--------------------------|------------------|
| 2011–12 | 14 | 11 | 5 | 0 | 3 | 3 |
| 2012–13 | 22 | 21 | 3 | 0 | 6 | 12 |
| 2013–14 | 25 | 23 | 2 | 0 | 6 | 15 |
| TOTAL number of Foundation students contacted | | 55 | 10 | 0 | 15 | 30 |
| Number that agreed to be interviewed | | | 7 | 0 | 6 | 9 |

Table 2. Foundation students invited to an interview and the actual number interviewed.

(ii) Non-Foundation international students and Home students studying Medicine in the Medical School

International students studying Medicine in the Medical school who did not complete the Foundation programme and home students were selected randomly from the Medical School's central students' database. Following protocol, this random sample was selected by a member of staff who had permission to access the Medical School's database. The number of students contacted by email and the number that agreed to be interviewed are given in Table 3.

| Group | Emails sent | Number that agreed to be interviewed |
|---|---|--------------------------------------|
| International students studying Medicine who did not complete the Foundation programme. | A random sample of 50 students was selected. They were all contacted and invited to participate in the study. | 11 students |
| Home Medical students | A random sample of 60 students (10 from each year) was selected. They were all contacted and invited to participate in the study. | 10 students |

Table 3. Non-Foundation and Home students invited to interview and the actual number interviewed.

(iii) MBBS (PBL) tutors

When determining the sample for this group of participants, I had to specify the type of MBBS tutor I wanted to interview; visiting or general lecturers were not suitable as they had little or no direct contact with students. Thus, after discussing the issue with the MBBS department, it was decided that PBL tutors would be selected as they supervised small learning groups and also acted as personal tutors to both home and international students. Following protocols, all MBBS tutors who were also PBL and personal tutors were contacted via their line manager, a member of staff in the Medical School, 6 PBL tutors agreed to be interviewed, as illustrated in Table 4.

| | Emails sent | Number that agreed to be interviewed |
|-------------------|---|--------------------------------------|
| MBBS (PBL) tutors | All MBBS tutors (n=34) who were also PBL and personal tutors were contacted via their line manager, a member of staff in the Medical School | 6 |

Table 4. MBBS (PBL) tutors invited to interview and the actual number interviewed.

(iv) Other stakeholders within the Medical School

Table 5 indicates the other stakeholders that were interviewed, these were individual post holders.

| | Emails sent | Number that agreed to be interviewed |
|--|-------------|--------------------------------------|
| Deputy Principal of the Medical School | 1 | 1 |
| Dean of International Education | 1 | 1 |
| Head of Recruitment – Joint Venture | 1 | 1 |
| International recruitment Officer – Medical School | 1 | 1 |
| Student Union President | 1 | 1 |

Table 5. Other participants interviewed.

Pilot Study

A pilot study took place in February 2015 after gaining ethical approval from the relevant institutions. All former Foundation students were contacted via email. The response to the initial email was very poor, with only three students agreeing to participate. Ten asked if they could be contacted after their examinations. The three students that responded agreed to take part in the pilot study; this was a useful process as it raised awareness of the immense difficulty in arranging interviews at a time that was convenient to both the participant and the researcher. Other challenges emerged, such as the time difference for students studying in other countries and technological issues related to poor connectivity when using mobile

phone calls and *Skype*. One interview could not take place as *Skype* had been banned in the participant's country and the mobile phone interview could not be used owing to the poor quality of the recording. The two pilot interviews that did take place were useful and gave me the opportunity to restructure the format of the interviews with students. In these initial interviews I began with the following question, *'please could you tell me about your background and why you decided to study Medicine in the UK'*. I found that in first instance the student needed a lot of prompting and this involved a number of short questions; with the second student I was given a detailed history of everything she has done from the age of 5. Such a broad question wasted a great of time which the student did not have and did not fully address the areas I wanted them to. Thus to maximise interviewing time, I began the interviews with direct questions about their educational background, parents' profession, why students chose to study Medicine abroad; this part of the interviews was conducted in the same format for all students (Appendix 6). Similarly, interviews with the other stakeholder began with simple fact finding questions such as their role in the organisation and how they were involved with international students. The initial stage in each interview was brief and was then followed by semi-structured questions which were based on the areas given in Table 1. There was no particular sequence to the questions posed; the interviews were conducted in the format of a conversation ensuring all the areas were addressed. Where necessary, follow up questions were posed, and most useful of all was the opportunity to probe for deeper understanding, as illustrated in the next section when a student mentioned their experience of using an agent. It became evident that I had to arrange interviews with students who had very little time to spare, so a decision was taken to postpone the interviews until after the examination period. This also ensured that first year undergraduate students had sufficient time to reflect on how well they had been prepared for their current studies.

Analysis of the data

During the interviews notes of the main points were taken. These notes were typed up immediately or within a few hours of the interview. The notes were then

reviewed and the recording listened to. If there was time, the interview would be transcribed as soon as possible after an interview however, this was not always possible. The analysis of the data was a simultaneous process. After each interview I listened to the recording of the interview, re-read the notes I had taken and if applicable, went through the transcribed interview. This process allowed me to make connections with previous interviews highlighting pertinent points; for example in the third interview with a former Foundation student, the participant spoke about his experience of using an agent, stating that the pre-course information he received was misleading which meant that the Foundation did not meet all his expectations. The use of agents then became a trail I wanted to investigate further. Firstly, I amended the interview template guide (Appendix 6) I used to include a section on how international students were recruited to their respective programmes and, if they used an agent, to find out more about their experience of using this service. Secondly, I contacted the two students I had already interviewed and asked how they were recruited; this was conducted via a mobile telephone call and notes taken. All the international students' experiences of how they were recruited was then collated and analysed. This issue became a major theme which was discussed under the umbrella of 'the recruitment process and the role of agents.' Thus, in this manner the analysis of the data was also iterative as I moved back and forth between the data and the analysis (Creswell, 2012).

When all the interviews were completed I re-read the notes I had made on the transcripts as well as the notes taken during the interviews. The main points from the interviews with students, the largest group of participants, were summarised in a table (Appendix 7). I focused on themes rather than specific codes and an example of notes made, themes and the linking of emerging issues is illustrated in Figure 4 on the following page.

| Theme | Foundation students (Notes) | Non-Foundation students (Notes) | Home students (Notes) |
|---|---|---|---|
| How well were students prepared for the Medicine selection process? | <ul style="list-style-type: none"> • Reliance on Foundation tutor • Expected to be taught how to get through the selection process • Did not research these areas themselves | <ul style="list-style-type: none"> • Own study for both MMI and UKCAT. • Very few student had support of teachers in school | <ul style="list-style-type: none"> • Own study • Support from friends • Very little support from school teachers • External preparations courses attended (UKCAT) |
| COMPARSION BETWEEN GROUPS | | | |
| Main issue - the need for self-study (very important) | | | |

| Links made | Theme | Foundation students (Notes) | Non- Foundation students (Notes) | Home students (Notes) |
|------------|--|--|---|---|
| | How well did their pre-university qualification prepare them for undergraduate study? | <ul style="list-style-type: none"> • Foundation of some use • But to be successful – the need for self-study, responsible for own learning • Understand the whole picture | <ul style="list-style-type: none"> • Self-study, need to be an independent learner • Rely on self • IB/AI levels – some use but not everything | <ul style="list-style-type: none"> • A levels of some use in the first term but that's all • Need to work on own • PBL – learning by yourself • Self-study so important |
| | COMPARSION BETWEEN GROUPS | | | |
| | Main issue - the need for self-study (important) | | | |
| | Main issue – no vast difference between the pre-university qualifications in terms of preparing students for undergraduate study | | | |

Figure 4. Example of notes made, themes and linking of emerging issues.

A number of themes were identified as detailed in the findings section and, where relevant, they were analysed within a postcolonial theoretical framework. Thus, the interpretation of the data focused on how contemporary imperialism permeates the internationalisation agenda of the Medical School. This interpretative position is described in greater details in the following section.

Interpretive approach

Prakash (1994) suggests that postcolonial projects are drawn ‘from a catachrestic combination of Marxism, post structuralism, Gramsci and Foucault, the modern West and India, archival research and textual criticism’ (1490). Within such an array of approaches, similar to Kaomea (2003:16), my ‘theoretical framework and interpretative methods are intentionally eclectic, mingling, combining, and synthesizing theories and techniques from disparate disciplines and paradigms....I do not have the luxury of attaching myself to any one theoretical perspective but instead had to ‘make do’ as an interpretative handyman or *bricoleur* ... moving within and between sometimes competing or seemingly incompatible interpretative perspectives and paradigms’ (cited in Coloma et al., 2009: 9). It is in this manner that the analysis and discussion of data from the interviews have been interpreted and in doing so I have drawn upon the aspects of postcolonial theory described in Chapter two, that is:

- a *theoretical* approach to the manner in which language operates in the colonial formation of discursive and cultural practices and illustrates how discourse and power are inextricably linked;
- to provide a *political* account of the way in which global inequalities are perpetuated by the legacy of colonialism, and in doing so suggest ways in which to resist this in order to create a more just and equitable world (Rizvi et al, 2006:250)

The interpretation of data was focused more on the second aspect, and examined how the legacy of colonialism and contemporary imperialism permeates the

internationalisation agenda and contributes to global inequalities. This does not imply the dismissal of the first aspect of the theory, but rather it is an integral part of the second, given that global inequalities have been created and maintained by the inextricable link between discourse and power. It is therefore necessary at this point to briefly examine postcolonial discourse, and reference made to Edward Said (1978, 2003) despite there being many critics of his work¹⁹. Postcolonial discourse is a term brought into currency by Said in his seminal work entitled *Orientalism*, which refers to Foucault's (1972) concept of a discourse in attempting to understand how the colonial system became embedded as a global norm and why, until today, the world continues to be economically, politically and culturally dominated by many former imperialist countries that now form the world's superpowers.

Said's analysis of Orientalism is based on Foucault's (1972) concept that knowledge and power are inextricably linked. Foucault asserts that discourse concerns what can be said and thought, who can speak, when, and with what authority. Discourse embodies meaning and social relationships, and constitutes both subjectivity and power relations which are 'practices that systematically form the objects of which they speak. In addition, discourses are not about objects; they do not identify objects, they constitute them and in the practice of doing so conceal their own invention' (Foucault, 1972:49). Therefore, according to Foucault, knowledge is constructed according to a discursive field which creates a representation of the object of knowledge, its constitution, and its limits. He argues that ideas, images, or texts that are accorded the authority of academics, institutions, and governments, create not only interested knowledge but also the very reality they seek to describe (Kumaravadivelu, 1999). The discourse of Orientalism, Said (1978, 2003) argues, is 'a style of thought based upon an ontological and epistemological distinction made between the 'Orient' and (most of the time) the Occident' (20), and is purposefully made to define the Orient as inferior and therefore justifiable that it should be subjugated by the colonisers. In later work, Said (1993) captures the fundamental

¹⁹ The following authors are critical of Said's work, Bhabha (1994); Loomba (2005), Spivak (1988).

thought behind colonialism; 'they are not like us, and for that reason deserved to be ruled' (xi-xii).

Orientalism, Said argues, is therefore not mere racism but an imagined imagery expressed through an entire system of thought and scholarship which permeates all of society to become the normative assumptions that govern every aspect of life. It is thus entrenched within education, policy making, the government and day-to-day activities. This perspective was historically communicated to Western audiences in a variety of forms such as journalistic reports and academic and political accounts, and was depicted as an objective analysis of the colonised populations. Today, the role of digital technologies, the media and political and economic strategies ensure that this perspective continues, and that the 'Orient' (or rather, the poorer nations of the world) is still looked upon as in need of guidance and development, and in terms of how the West define the East (Said, 2003:26). In addition, the justification for the subjugation of the East/poorer nations is now embedded in a discourse for the preservation of Western culture and value against the attack from the barbaric East, particularly from Islam (Tikly, 2004; Said, 2008). Such discourses reveal how the colonial powers of the past and the superpowers of the Global North today assume their position as a universal standard against which others can be understood. This is evident in the way that the interests of the Global North are projected as the world's interests (Spivak, 1990). It is asserted that the neoimperialistic discourse imbued in the educational policies of the global governance bodies (the IMF, WB, and OECD) serves only to confirm an ideology in which the economy, culture and education of the Global North are viewed as superior to others and the standard to which the rest of world should adhere. Nations that resist such an ideology are either sanctioned by the withdrawal of support from these world-governing bodies or punished via economic means and/or military domination (Young, 2003). Anwaruddin's study (2014) also illustrates how Said's notion of Orientalism remains relevant today. The WB has created a discourse of inferior and superior knowledge pertaining to the poorer and wealthier nations respectively, and this dichotomy is used to manipulate and exploit poorer nations as they strive to 'acquire' the superior knowledge of the

West, but policies emanating from the West dictate that they will never catch up as the West is always one step ahead (Sardar, 1999).

The interpretation and analysis of data generated within this study are embedded within the postcolonial theoretical framework described above, meaning that the interpretation and analysis seeks to illustrate how the legacy of colonialism, in the form of neo-imperialistic discourse, continues to dominate and shape the world, including the education of international students on the Foundation programme. I analysed the manner in which issues emerging from the study operate in the neoimperialistic formation of discursive and educational practices and, in doing so, account for the way in which educational inequalities continue to be perpetuated by the legacy of colonialism and new imperialism. As a result of this study, I attempt to suggest ways in which these inequalities can be challenged (Rizvi et al., 2006:250) on a general level, and also directly, for the benefit of international students who continue to join the Foundation programme with aspirations to enter the medical profession.

Validity of data and analysis

Creswell and Plano Clark (2011) suggest that within qualitative research, there is more of a focus on validity rather than reliability to determine the accuracy of the account provided by both the researcher and the participant. Two methods were employed to determine the validity of the data and its analysis. Firstly, where possible, I contacted participants and asked them to confirm the accuracy of my transcription and analysis. I selected the sections where I had used participants' data and asked them if I had firstly transcribed what they had said correctly and whether my discussions within the context of what they had said was a fair analysis. I was not able to do this for all the interviews as it proved very difficult to contact all the participants. Secondly, I checked the data for similar points being made and in doing so I was able to build 'evidence for themes from ..several individuals' (ibid; 212). I also checked for 'disconfirming evidence in facts' which would also confirm the accuracy of the data analysis. Creswell and Plano Clark (2011) suggest, as 'in real life,

we expect the evidence for themes to diverge and include more than just positive information' (Ibid).

Ethical considerations

The paper by Floyd and Arthur (2012) proved a useful guide in exploring the superficial and deep ethical dilemmas confronting 'insider' researchers which, building on the work by Tolich (2004), they have termed 'external' and 'internal' ethical engagement. According to the authors, 'external' engagement refers to the traditional, easily identifiable issues which are addressed when submitting an ethical approval paper to a review committee. The 'internal' ethical engagement refers to the deeper ethical and moral dilemmas that insider researchers must address when conducting their research within the institution. Thus, ethical considerations within the study are examined under these two headings.

(a) *External ethical engagement*

Cohen et al. (2000) provide a guide to the ethical issues associated with educational research. These are similar to the guidance given by the British Educational Research Association. Adherence to these guidelines was an integral part of the study. The study gained ethical consent from the Medical School, the Joint Venture and the Institute of Education. When conducting the interviews, I gained informed consent from the participants (Appendix 5), who were fully briefed about the research, its general aims and organisation, the timescale, and how the data and results of the research would be used. They were assured of anonymity throughout the study and in the report, that any personal/confidential information disclosed during the research would not be given to a third party, and that they could withdraw at any time from the research project. Alderson (2005) states that the research must be 'explained clearly enough so that anyone asked to take part can make an informed decision about whether they want to consent or refuse' (31).

An email was first sent to all possible participants, requesting their assistance and providing the reasons for the research (Appendix 5). If they agreed to be interviewed, participants were asked to read an information sheet and I also verbally reiterated this information. A consent form was signed by both the participant and the researcher. The information sheet provided to participants indicated that the research report would be made available to participants and interested parties (Appendix 5).

(b) Internal ethical engagement

The issues above refer to traditional, easily identifiable issues which were approved by two ethical committees. The 'internal' ethical engagement refers to the deeper ethical and moral dilemmas that an insider researcher must address when conducting research within her/his own institution.

I am employed within a Joint Venture, meaning that I work within two organisations. My role as an insider or an outsider varied along a continuum; for example, when interviewing PBL tutors, home and non-Foundation students and Foundation students in the 2011–12 and 2012–3 cohorts, I was considered an outsider as I had no direct connections or working relationships with these participants. When interviewing senior members of staff within the Joint Venture, my role is known to these participants but a direct or close professional working relationship does not exist. However, when interviewing marketing personnel and Foundation students in the 2013–14 cohort, I was very much an 'insider' as I work or have worked closely with these participants. The direct professional relationships posed a deeper level of ethical considerations, in particular insider knowledge, conflicting professional and researcher roles, the impact of the study on current and future professional relationships and anonymity.

(b1) Insider knowledge

Insider knowledge, or rather 'preunderstanding', which Gummesson (2000:57) refers to as 'such things as people's knowledge, insights and experience before they engage

in a research programme', can be both an advantage and disadvantage, and was an issue I had to reflect upon before interviewing commenced. Preunderstanding, from my perspective, means not just having in-depth knowledge of the institution and the Foundation, but also a new-found understanding of internationalisation as part of neo-imperialism which serves to deepen global inequalities. During the interviews I had to refrain from revealing my opinions, both verbally and non-verbally, and remain neutral.

Insider information has to be handled sensitively. In three interviews, I was aware that the students had failed a year of the Medicine programme and only probed this subject further if the student first brought it up. In one interview, the participant was willing to explain the reason why she had failed a year, but in another interview, the participant became uncomfortable and gave an ambiguous answer so this line of questioning was not pursued further. The dilemma I then faced was how this should be reported in the data, given that it was an important issue in terms of addressing the question as to how well the Foundation programme prepared students for undergraduate study.

As an insider, I was at risk of selecting participants who shared my views or with whom I had developed a rapport. I avoided this situation by asking others to provide random samples where appropriate, for example, in selecting Non-Foundation and Home students. All the participants in the Foundation and PBL tutor groups were invited to participate in an interview and each decided whether or not to participate. The description of insider research as a journey from nearness to distance and then back (Nielsen & Repstad, 1993) had much resonance, especially when interviewing participants. I had to distance myself from my own preunderstanding to gain the various perspectives from a distance and then use my insider knowledge (nearness) to probe further in order to address the research questions.

A possible disadvantage of insider research is that the researcher may assume he/she knows what the participant is referring to, and may not ask as probing questions as an outsider might. Again, I had to take a backward step and ask questions which, to the participant, may have sounded superfluous, for example 'tell

me about your role in xx'; although I might have known the interviewee's generic role, posing this very basic question opened up many other areas I was previously unaware of.

(b2) Relationships

Power relations are perhaps more complex for insider researchers and the respective positions in the hierarchy of researchers and participants are likely to influence the research. Working in the Joint Venture, I am essentially working for two organisations and this creates further power relations. It was notable that members of staff within the Medical School who were opposed to the Joint Venture did not participate in interviews; thus, the staff members who were interviewed were supportive of the partnership and its Medicine programmes. However, given that I was considered an 'outsider' and a 'competitor', it is very likely that senior managers within the Medical School may have withheld information which they regarded as confidential or could be used to compete with the Medical School. As an insider, I had the benefit of 'knowing' the organisation and acknowledged the risk that my insider knowledge and assumptions could be at odds with a participant's view. It was possible that if I challenged their views and opinions, especially if they were more senior than myself and had some influence on the management of my role, I could have put my professional relationships at risk. Interestingly, with the study, the two most senior staff members whom I interviewed were positive about the Joint Venture partnership and international students. However, I felt that this was possibly because, as senior managers, they, despite anonymity, could be identified and, as such, promoted a unified front in terms of supporting the Medical School's internationalisation strategies.

I am aware that my position within the Medical School was a marginalised one, and this perception had, in many instances, meant that access to key information was denied and requests for information (in relation to this study) were looked upon with suspicion. The length of time it took the Medical School to give its ethical

approval not only was frustrating but also brought to the fore my underlying feeling that programmes intended for international students were marginalised within the Medical School and had very little importance in the grand scheme of things. The rhetoric of the Medical School in terms of valuing internationalisation seemed at variance with day-to-day practice. A similar situation also occurred in obtaining the emails of international students in the Medical School. After numerous requests and four weeks of waiting, I gave up and found another more time-consuming and arduous method of gathering this information on my own. However, I have to add that other departments, i.e. the Registry and the MBBS department, were very helpful, but this was because of my personal contact with a member of staff from each department.

(b3) Anonymity

As described in the section on external ethical engagement, participants were informed that they would be anonymised but that in some cases I knew this would be difficult to achieve. Where there is only one member of staff in a specific role within the institution, it was evident that their identity would be compromised as reference would be made to their role in the organisation. Again, participants were informed upfront of this dilemma and given the opportunity to withdraw from the interview. I also informed participants that the Medical School would be anonymised in the report, although the unique nature of the Joint Venture and the suite of international programmes would make it easy to identify. It is useful to note that participants did not decline to take part in the interviews, but it is possible that these facts may have influenced some of the responses provided so as not to appear overly-critical of their employer.

Challenges of working within a postcolonial framework

I am aware of the contradictions and challenges inherent in the fact that that the language, theoretical framework, methodology, analysis and interpretations of this study are embedded in Western epistemologies and ontologies. These, a

postcolonialist theorist would argue, are some of the same schools of thought that have sought, and continue to seek, to subjugate the poorer nations of the world. Researchers within a postcolonial framework have posed the pertinent and troubling question of the extent to which the analysis they provide is actually postcolonial in character, asking whether the analysis has challenged and/or made visible the neocolonialism that continues to permeate the world. More importantly, one can ask whether the results of the study can make any difference to the inequalities that pervade society (and indeed the world), or are the recommendations another means of continuing the unequal divide?

Loomba (2005) argues that postcolonial theorists come from varying backgrounds, genders and social classes and therefore have different perspectives on the meaning of postcolonialism. I would support Loomba's view, and acknowledge my own personal and contextual interpretation of postcolonial theory whilst sensing that an attempt to challenge the world's inequalities is very much a 'pebble in the ocean' scenario. This study may contribute very little to challenging the neoimperialism embedded within international education, but it has certainly contributed to my personal understanding and this will assist in addressing some of the practical issues that may emerge from the study.

Chapter Four – Findings and analysis

As discussed in Chapter 3, the interpretation and analysis of the data generated in this study is embedded within a postcolonial theoretical framework, meaning that its interpretation and analysis seeks to illustrate how the legacy of colonialism, in the form of neo-imperialistic discourse, continues to dominate and shape the world, including the education of international students on the Foundation. The issues that emerged from the study were analysed in relation to how they operate in the neoimperialistic formation of discursive and educational practices, thus accounting for the way in which inequalities continue to be perpetuated by the legacy of colonialism and new imperialism.

Usually written as two separate chapters, this chapter combines the study's findings and analysis. This method was preferred as the analysis is intertwined with the discussions of the emerging themes, and the perspectives of different stakeholders are incorporated within these discussions and analysis. Within the analysis, the research questions are addressed.

Analysis of the interview data highlighted six major themes:

- I The profile of international students and their reasons for choosing to pursue their higher education in the UK.
- II The recruitment process and the role of agents.
- III A comparison of how the three groups of students prepared for the Medicine selection process.
- IV A comparison of the students' perspectives on how well their pre-university qualifications prepared them for undergraduate study.
- V The career aspirations of international students, in particular where they plan to work.
- VI How the institution's internationalisation strategy and international students are viewed within the Medical School (perspectives of staff and home students).

I The profile of international students

The analysis of the data begins with a brief description of the students interviewed as they formed the largest group of participants. Three different groups of students were interviewed:

- Previous Foundation students. This group included students who were successful in gaining a place to study Medicine and those who were not, and are referred to as Foundation students or F-I students (n=22)
(n=7 studying Medicine in the Medical School, n=6 on other Medicine programmes, n=9 on non-Medicine programmes in the UK).
- International students studying Medicine in the Medical School who did not complete the Foundation. These students are referred to as non-Foundation students or N-FI students (n=11).

(The term international students refer to the combination of both groups).

- Home students studying Medicine in the Medical school. These are students who were born and educated in the UK and are referred to as home students or H students (n=10).

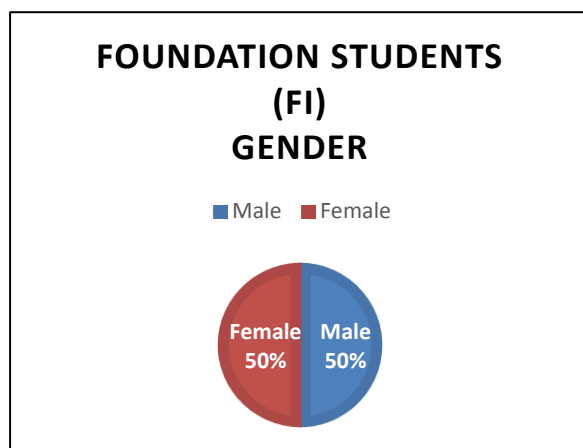
Total number of students interviewed=43

In total, 33 international students were interviewed, all of whom were of non-European ethnicity (this included five students from Canada). A brief profile of the three groups follows.

Profile of Students interviewed

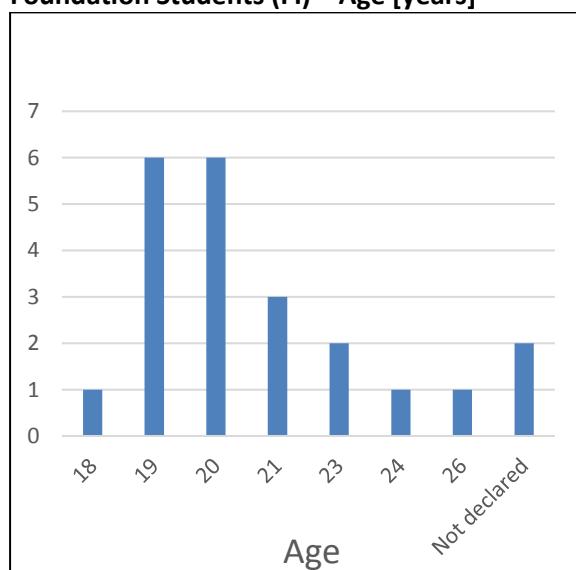
| Key | |
|-------------|-------------------------|
| FI | Foundation Students |
| N-FI | Non-Foundation Students |
| H | Home Students |

Profile of Foundation Students



| Foundation Students (FI) Gender | |
|------------------------------------|----|
| Male | 11 |
| Female | 11 |

Foundation Students (FI) – Age [years]

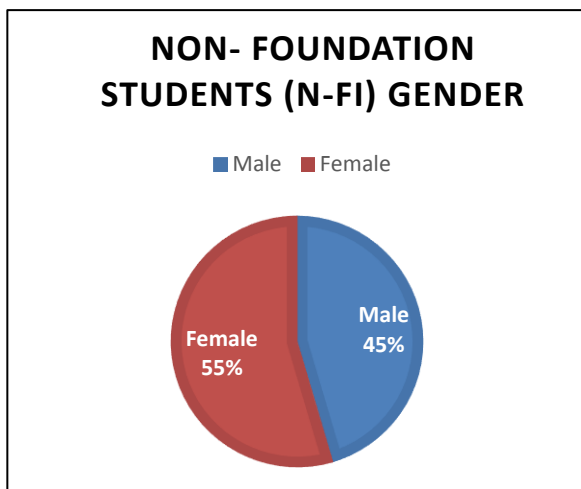


| Foundation Students (FI) Age [years] | |
|---|---|
| 18 | 1 |
| 19 | 6 |
| 20 | 6 |
| 21 | 3 |
| 23 | 2 |
| 24 | 1 |
| 26 | 1 |
| Not declared | 2 |

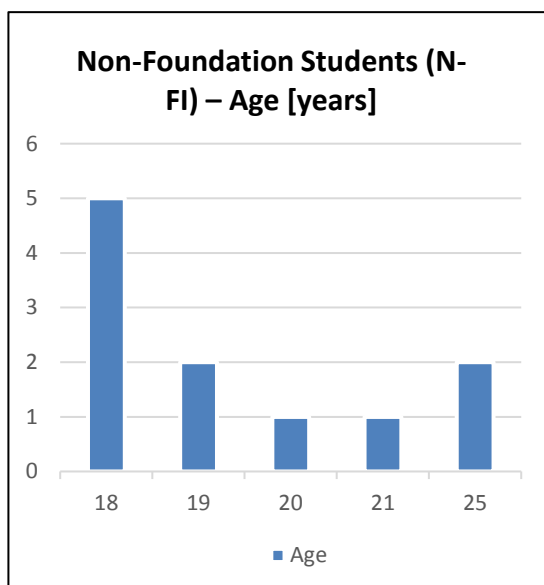
| Foundation Students (FI) Nationality | |
|--------------------------------------|---|
| Canadian (of Indian Decent) | 1 |
| Egyptian | 1 |
| Iranian | 1 |
| Kuwaiti | 1 |
| Libyan | 3 |
| Malaysian | 1 |
| Nigerian | 2 |
| Qatari | 1 |

| Foundation Students (FI) Nationality | |
|--------------------------------------|---|
| Saudi Arabian | 3 |
| South Korean | 3 |
| Sudanese | 1 |
| Syrian | 1 |
| Thai | 1 |
| Turkish | 1 |
| Vietnamese | 1 |
| | |

Profile of Non Foundation Students (N-FI)



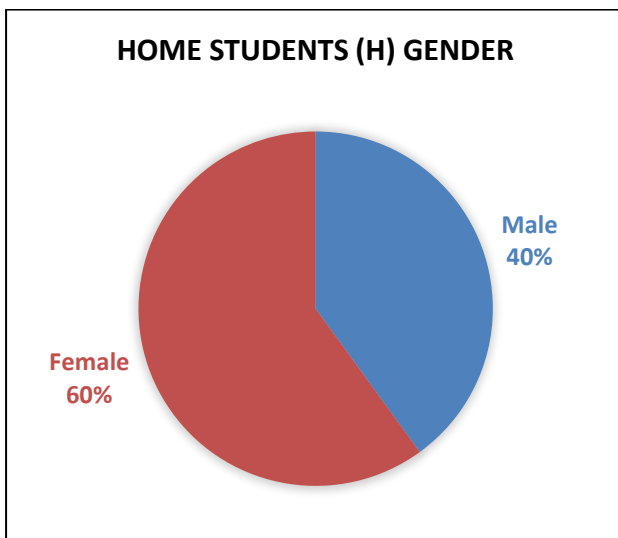
| Non- Foundation Students (N-FI) Gender | |
|---|---|
| Male | 5 |
| Female | 6 |



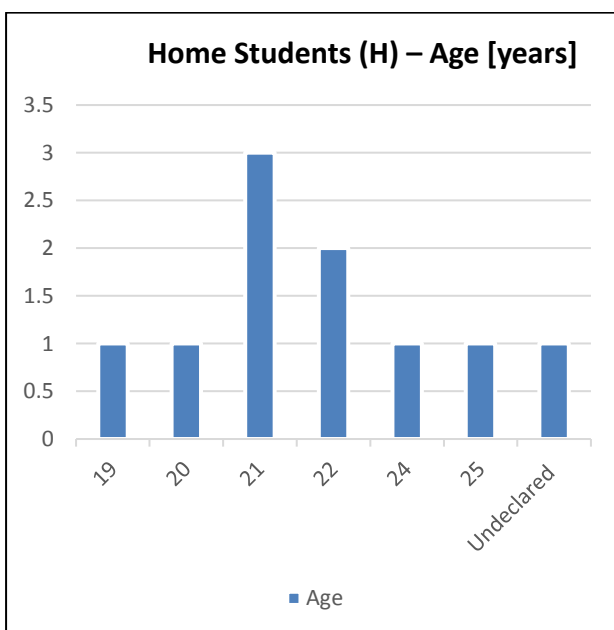
| Non-Foundation Students (N-FI) Age [years] | |
|---|---|
| 18 | 5 |
| 19 | 2 |
| 20 | 1 |
| 21 | 1 |
| 25 | 2 |

| Non-Foundation Students (N-FI) Nationality | |
|---|---|
| Canadian (of Chinese Decent) | 1 |
| Canadian (of Nigerian Decent) | 1 |
| Canadian (of Indian Decent) | 2 |
| Indian | 1 |
| Indonesian | 1 |
| Iraqi | 1 |
| Nigerian | 1 |
| Sri-Lankan | 2 |
| Thai | 1 |

Profile of Home Students (H)



| Home Students (H) Gender | |
|-----------------------------|---|
| Male | 4 |
| Female | 6 |



| Home Students (H) Age [years] | |
|----------------------------------|---|
| 19 | 1 |
| 20 | 1 |
| 21 | 3 |
| 22 | 2 |
| 24 | 1 |
| 25 | 1 |
| Not declared | 1 |

| Home Students (H) Background | |
|------------------------------|---|
| White British | 5 |
| Non-White British | 5 |

The profile of the N-FI students interviewed differed significantly from my initial assumptions, from my perspective, the term *international students* conjures up an image of a very diverse group in terms of ethnic, cultural, social, educational and linguistic backgrounds. It was surprising to find that, whilst there was diversity in terms of ethnicity, it was quite apparent that within this random sample there were striking similarities in the students' educational, linguistic and social backgrounds. Nine of the 11 students interviewed had been educated in the medium of English from an early age; four were educated in Canada, and the remaining five were educated in international schools in other countries. The remaining two students were from Malaysia and had been educated in state schools in the medium of English and Tamil; these were the only government-sponsored students in this group of participants.

The F-I group of 22 students presented some differences. The students were from a variety of countries and out of the 22 interviewed, only five were educated from an early age in an international school and in the medium of English. The remainder (n=17) were either educated in the national language of the country in which they lived, or in two languages, usually with the national language as the dominant one. A few of these schools were state run, but the majority were privately-owned.

Ten home students were interviewed and, again, the term *home student* was interesting as from my perspective it conjures up an image of White British students. In fact, the group of students interviewed were ethnically diverse; five were considered White British, four were of Asian/Indian descent, and one was of Greek and African heritage. Indeed, it would be very difficult on the surface to differentiate between home and international students as the Medical School is ethnically diverse. This aspect of the Medical School was highlighted by most participants, and as one tutor stated:

We have a lot of students who are second or third generation international students – can't break it down as home versus international (PBL tutor).

[‘Second and third generation international students’ is used by the interviewee to denote home students from ethnic minorities and is an interesting term to use].

All participants interviewed saw this as a very positive feature of the Medical School. It must however be noted that this was the opinion of a small number of students, and was perhaps influenced by the researcher, who is a member of staff within the organisation and non-White.

On a slightly different note, and this perhaps is a physical representation of globalisation and the hegemony of the US, it was interesting to note that, when interviewing international students, the majority spoke with a North American accent. This could be attributed to exposure to US media and, for some, a product of the international schools they attended.

The decision to study abroad often involves a large personal, social and financial investment on the part of the student and their families, and high hopes are pinned on the shoulders of students (Evans and Stevenson, 2011), especially those who intend to study Medicine. For those following the Foundation, the pressure to secure a place in Medicine is intense. In terms of family background, the majority of the students interviewed (36 out of 43), did not have a family connection to Medicine, meaning that their parents were not in the medical profession. Only one home student had a parent in the medical profession. The professions of the parents of international students are presented in Table 6, and illustrate that out of 33 students, only seven were from families with a parent in the medical profession.

| Father profession | Mother profession | Sponsored by Government |
|--------------------------------------|---|--------------------------------|
| Army personnel | Housewife | Sponsored |
| Quantitative surveyor | Public servant | |
| Business man - financial investments | Housewife | |
| Engineer | Gynaecologist | |
| Not given (Not Medicine) | Not given (Not Medicine) | |
| Dentist | Maths lecturer | |
| Doctor | Pharmacist | |
| Diplomat | Arabic teacher | |
| Engineer | Business owner | |
| Engineer | Business owner | |
| Businessman | Airline accountant | |
| Accountant | Housewife | |
| Company director | Accountant | |
| Business man | Housewife | |
| Petroleum Engineer | Teacher | Sponsored |
| Business man | Housewife | |
| Own private business | Owner and manager of a private hospital | |
| Banker | PhD student | |
| Manufacture textiles | Psychologist - but not working | |
| Manager | Housewife | |
| Engineer | Engineer | |
| Owner of a textile company | Housewife | |
| Construction | Self employed | |
| Banker | Chartered accountant | |
| Interior designer | Accountant | |
| Civil engineer | Computer scientist | |
| CEO of an organisation | Interior designer | |
| Entrepreneur | Doctor of nutrition | |
| Orthopaedic doctor | Banker, now a housewife | |
| Data analyst | HR Manager with a science background | |
| Doctor - family medicine | Doctor - family medicine | |
| Ordinary worker in a brewery | Housewife | Sponsored |
| Doctor - retired | Public servant -retired | Sponsored |

Table 6. Profession of parents (International students).

Using the parental professions of international students as a very rough guide to economic and social class, it is evident that most are in well paid professions,

notably as business owners or in professions such as accountancy or engineering, and are thus able to afford the high fees of the Foundation and Medicine programmes. Only four students were sponsored by their respective governments. Using this basic gauge, it is possible to suggest that only wealthy families can afford to send their children to be educated on the Foundation and Medicine programmes. This affluence is reflected in some of the comments made by the international students, for example:

...and then I have some resources. I have money, so why not go to somewhere else? (NF-I, 7)

*...my Dad wants me to go back ...get you your own hospital and stuff like that
(F-I,7).*

My parents are both business people. My mother owns a hospital and works and manages it. My father has his own private business (F-I, 17).

This perhaps supports the notion that it is an elite section of society that can send their children to be educated in the Global North, further perpetuating the inequalities that exist both within the home country and globally. Fanon (1968) argues that, after formal colonisation ended, it was replicated and replaced by the colonised bourgeoisie with their own form of dominance, surveillance and coercion over the vast majority of the people, often using the same vocabulary of power. Altbach (1995) continues that this elite group was mostly likely to have received a Western education and was also more inclined to maintain the colonial education systems. They tended to equate the European language with their privileged status (Kachru, 1995:291) and many preferred to send their children to private international schools (where the medium of instruction is English) and then to the West to complete their higher education. This observation has much relevance to students applying to a Medicine programme in the UK. Given that the annual fees are £17,459 (2014–15 fees) for the Foundation and £29,890 (2014–15 fees) for Medicine (plus the cost of living in London), it is only the wealthy who can afford such a high financial outlay. Thus, as reiterated by Rizvi et al. (2006), ‘the so called ‘global culture’ has largely reproduced the colonial structures of inequality, with the

post-colonial elites playing a major role in their reproduction' (256). In this respect, internationalisation perpetuates this inequality, given that it is only the elite within poorer nations that can afford to send their children overseas for an education; upon their return, these same citizens typically continue with the practice: 'Given the continued hegemony of Western educational practices and theories, taught by Western experts, it is unsurprising that international students return home with the understanding and orientation that are likely to support the maintenance and promulgation of a particularly Eurocentric mode of education' Nguyen et al. (2009:111). This educational and ideological structure, emanating from the legacy of past colonialism and continued by the embedding of neoliberalist practices throughout the world, has established systems in which the inequalities between nations of the world and within nations continue with very little change.

The discourse of past colonialism and new imperialism has propagated the belief and acceptance that, in order to succeed, one needs to be educated in English and to have graduated from one of the prestigious universities in the wealthy countries of the Global North. 'The English language is a tool of power, domination and elitist identity, and of communication across continents' (Kachru, 1995: 291). An education in English and pre-university qualifications recognised by universities in the Global North present opportunities to pursue higher education in high status nations. Such an educational pathway prepares children from wealthy backgrounds for occupations that allow their class to maintain their hold on power and wealth. Bourdieu and Passeron (1977) suggest that the education system plays a major role in 'reproducing' individuals who will perpetuate the divisions of a capitalist society and ensure that inequalities are passed on from one generation to the next (Bourdieu & Passeron, 1977). The strategy of internationalisation and the value placed on the Western education system only serves to reinforce this theory.

In relation to this study, it is evident that international students on the Foundation and Medicine programmes are from families that can afford exorbitant tuition and living expenses. There are three major implications pertaining to this situation; firstly, income flows from the poorer nations to the Global North. Secondly, as will

be described later in this thesis, it is possible that, upon graduation, these students may not return to their home countries and so the Global North would benefit from their skills without having contributed financially to their education. Thirdly, these students, once qualified, will usually enter professions that are highly paid, yield particular power and social standing and, as Bourdieu and Passeron (1977) describe, may return home to continue the unequal divide within their countries as well as promote the Eurocentric educational system they have experienced (Nguyen et al., 2009:111), all of which gives added impetus to the internationalisation agenda.

This very brief profile of the international students on the Foundation and Medicine programmes serves to illustrate the continuing legacy of colonialism and the new imperialism emanating from neoliberal global strategies and policies which serves to perpetuate the unequal divide between the wealthy Global North and the poorer nations of the Global South. On the 'demand' side, parents continue the colonial tradition of sending their children to be educated in countries that they themselves have been educated in. These parents are usually in positions of power and/or wealth, and are thus able to afford the exorbitant tuition fees and living expenses. On the 'supply' side, universities in the Global North, under pressure to raise finance and enhance their international and research profile, compete for international students and actively deploy business-like strategies in order to do so.

Within this 'edubusiness' (Luke, 2010), universities typically have an international department with the sole aim of marketing and selling the universities' programmes to prospective international students. The Medical School, in essence, benefits from two marketing departments, one within the institution and the other within the private organisation, and their primary purpose is to sell the Medical School's programmes throughout the world. The language and strategies used are very much those of a commercial organisation: there are marketing campaign which utilises the internet and social media, incentives such as scholarships to entice students, and marketing strategies which exploits the global reputation of a UK Medical School and the kudos of living in London. This aspect of selling or marketing was highlighted

by the Medical School's International recruitment officer, who stated that particular marketing strategies are employed in different markets so that

...if you are in the Middle East or Africa, Latin America then the reputation and the prestige of having a UK degree is something really important to people. If you are marketing in North America or in Europe perhaps it is not quite the same because they have high status and well renowned universities in those countries – in that case it becomes more about the UK experience and the particular opportunities that are here.

This is a marketing discourse which aptly illustrates the division between the elite West and the poorer nations, and directly exploits the legacy of colonialism whereby ex-colonial poorer nations of the world (in the Middle East, Africa and Latin American, in this example) continue to view an education in the countries of their ex-colonial masters as valuable in terms of reputation and career advancement (Madge et al., 2009; Raghuram, 2009).

Reasons for studying in the UK

Asked why they had decided to study in the UK, the international students, apart from the five students from Canada, responded in a manner which suggested that it is the norm to study abroad:

US or UK.....always the intention to study there (F-I, 2).

Most of us leave..... Most people though who do live in the United Arab Emirates are, you just kind of know you are going to leave. (NF-I, 2).

In several cases, students stated that it was planned that they would study abroad as higher education in countries such as the US, UK, Australia and some European countries is viewed as prestigious. Qualifications from universities in these countries are recognised as the best in the world, and would give students the opportunity to acquire well paid jobs in these countries or in their home countries if they were to return.

A qualification abroad is considered to be much stronger than a Saudi qualification. Specifically an English degree and I want to get the best education possible (F-I, 17).

Medicine in the UK or US has one of the best teaching programmes...lots of research done, more access, more updated, strong teaching (F-I, 15).

England's universities have a good reputation...– to have a qualification from the UK I think will open doors for you in the future in order for you to improve and progress (F-I, 16).

I want to travel, want to get an international degree – so that I can move from place to place easily .. more flexible to get jobs and go aboard .. work in different place .. (F-I, 13).

Three participants expressed difficulties in securing a place to study Medicine in their country of residence. In one instance, an Iraqi national living in Jordan (N-FI, 4) and a Syrian national living in Saudi Arabia (F-I, 12) stated they could not secure an undergraduate Medicine place because they were not citizens of the country they were living in. In another case, a participant from Nigeria (N-FI, 1) commented that, owing to unrest in her country, the universities were often closed and this influenced her decision to study in the UK. In all three cases, the participants chose the UK rather than another country, such as Malaysia, where there are a number of medical schools, some of which are affiliated to UK and Irish universities. It is very likely that the historical ties with the UK in the colonial past (Madge et al., 2009) and the embedded norm that 'West is best' have encouraged students to choose the UK over other countries.

The reasons given by the non- Canadian international students as to why they chose to study in the UK were similar to the findings of a study by Mazzarol and Soutar (2002). This study found that economic and social forces within the home country serve to 'push' students abroad, and that the decision of which host country to select was dependent on a variety of 'pull' factors. The interview data clearly indicated that students knew that they would study abroad and that their decision to study in a particular country was well researched; for example, the decision to study Medicine in the UK was based on the fact that the UK offered a shorter route into

Medicine in comparison with the US or Canada. International students tended to view a qualification from one of the super nations of the Global North as the 'key to success' in their future careers. This is reiterated in a recent report by London First (2015), a not-for-profit independent organisation set up to promote London in the business sphere, which found that 60% of international students interviewed stated that studying in London has improved their career prospects, either in their home country or in the UK.

In relation to medical education, Raghuram (2009) stresses that the power of the empire continues to be a compelling force in 'pushing' international student from former colonised nations to pursue a medical education in the countries of their former masters. This power is further enhanced by regulating bodies and professional organisations in former colonial empires which continue to exert much influence in medical practices and qualifications in former colonies. Thus, for example, qualifications awarded by the British Royal Colleges in the various medical specialities have much significance 'because their imperial legacy means that they have both credibility and transferability' (30) and therefore, a wider currency and status.

The five Canadian students interviewed (one Foundation, four non-Foundation) gave very different reasons as to why they chose to study in the UK. They stated that the UK was selected as the country in which to pursue their medical education as it was the next best alternative to the Canadian medical education system, which is highly competitive and far lengthier than the UK system. One Canadian student confirmed that she chose to study Medicine in the UK 'because in Canada the system is undergraduate and then medicine is a graduate school and I am very sure that I want to do medicine and I don't want to waste that gap of time' (N-FI, 3). There was no mention that a UK medical education was in any way superior to their own, which was often the case cited by other international students. This is not surprising, given that Canada is considered part of the Global North and as such its educational systems and institutions are well-respected and endowed with much prestige.

The reasons given by non-Canadian international students for studying in the UK are very similar to those given by most international students and reflect the findings of other studies in which international students stated that they chose to study abroad because of the potential to enhance career prospects and, in some cases, to become leaders in their chosen field upon returning home, often in positions of influence (Gribble, 2008; Pietro & Page, 2008; Kelly, 2010). Students also chose to study abroad for financial and personal reasons (Goldbart et al., 2005) as well as for greater opportunities to work globally (Campbell, 2010). Goldbart et al. (2005), Madge et al., (2009) and Raghuram (2009), suggest that the choice of country is often related to the colonial and post-colonial links of the students' own countries with the UK. The language of education and the reputation and quality of the educational provision were also important factors influencing the decision of international students to study abroad (Gray et al., 2003).

II The recruitment process and the role of agents

I found out about the course from my agent ... and some of the information I received were misinformed. Such as the fact that we had to re-apply for Medicine and Biomed rather than go through directly after passing the course. Something I found most of the students didn't know...(F-I, 17).

Data collected from internal records indicated that, out of 55 students on the Foundation, only five were direct applications, meaning that 50 students were recruited via agents. This is confirmed by the Head of Recruitment in the Joint Venture:

To be honest, for the majority of our Foundation recruitment, we do rely on agents and we would not be able to fill the programme if you weren't using [agents] and agents do have the reach far wider than we would be able to do ourselves with limited resources.

Agents are widely used to recruit international students to UK universities, and the main role of the private partner within the Joint Venture is to work with agents throughout the world to recruit students for a number of programmes delivered in

partnership with other universities in the UK, US and China. Studies by Brabner and Galbraith (2013) and Raimo et al. (no date) highlight the recent growth and prominence of international recruitment agencies in a fiercely competitive global market and the risks associated with their usage. Whilst the British Council and Quality Assurance Agency provide some guidance on how universities should work with agents, unlike other countries such as Australia and New Zealand, there is no national framework for working with agents in the UK (Raimo et al., no date). Matthews' (2012) study for the *Times Higher Education* publication found that almost £60m was spent on agents' commissions in 2012. With the increase in numbers of international students in the UK, this figure is likely to be much higher today. Agents, as the name implies, receive a commission for recruiting students onto a programme. In the context of this study, this fee is paid by the Joint Venture when an agent recruits a student to the Foundation programme, and there is additional commission if the student then progresses to the MBBS6.

The agent then gets a commission when the student applies and is successfully enrolled on the programme, which is ... between 10% and 20%, 25% there is a bonus [if the student] is successful on getting a place on the international Medicine programme . So the agent would then get another payment (Head of Recruitment, Joint Venture).

Universities view the use of agents as cost effective since it avoids the need for numerous recruitment offices around the world. However, the study by Matthews (2012) indicated that universities were unsure of the agents' practices; for example, they were unaware whether agents charged students fees or whether parents were involved in the consultation. Certain ethical conflicts have also been highlighted by Brabner and Galbraith (2013) and are reflected in the experiences of the Foundation students. It is likely that some agents may provide biased or misleading information or, in the case of Foundation students, omit the details of essential entry requirements to Medicine so as to persuade students to 'purchase' a particular programme for their own financial gain. One Foundation student was fully aware of the unscrupulous actions of his agent and stated that he had been informed that the Medical School was the 'only available university'; this was untrue as he was also

accepted onto another Foundation programme in Scotland but was persuaded to join this Foundation, 'probably because he [the agent] has a deal with this university' and 'wanted money of course' (F-I, 20). The student was charged a fee, and also knew that the agent would receive commission from the university. The agent did not, at any time, mention the need to complete a UCAS application and the requirement to be successful in the MMI and the UKCAT; the student was told that a place in Medicine was 'guaranteed' as long as he achieved the academic grades.

Students in the 2012–13 and 2013–14 Foundation cohorts were angry and upset by the misleading (or lack) of information provided to them on application to the Foundation. The majority were under the impression that, once they were on the Foundation, they would automatically gain a place to study Medicine, provided they met the academic requirements. They were unaware that they also had to pass the MMI and UKCAT before they could secure a place on the Medicine programme. They were also unaware of the UCAS application which they had to complete in order to apply for the Medicine programme at the institution or other 'back up' health-related undergraduate programmes such as Biomedical Science. They were shocked upon arrival in the UK to find out about these requirements, and felt cheated.

[I] went through an agent [who] said with my high school diploma I cannot get into university in the UK unless I get A level education or I need to get into this programme [i.e. the FP] .. [FP] equal to 'A' level, certified in a few universities in the UK but you have priority seats in Medicine... you don't have to do UKCAT or anything like that...said normal interview and I didn't know about that (i.e. the stations in MMI) until I came here...did not explain about UCAS...knew about UCAS when I came here and told I had to write a personal statement and I didn't have any clue about that – I didn't know what to write..... Disappointed because I came to study Medicine and got into Biomedicine – which I wasn't aware of.
(F-I, 14).

In three instances, students were actively discouraged by agents and the staff of the private organisation to study for A level examinations, which would have given them the opportunity to apply to other UK Medicine programmes. The Foundation

realistically only allows Foundation students one choice of Medicine programme in the UK (i.e., the Medical School) as the two other universities in the UK which accept the Foundation have not, to date, accepted any Foundation students.

I was starting to do my A levels and when I contact here [referring to the private organisation] they said stop then you would be over qualified. I did a gap year basically (F-I, 7).

Another student who failed the MMI and is currently studying Biomedical Science at a London university college was also discouraged from taking A levels and advised to enrol on the Foundation programme instead. He was advised that the Foundation would take one year and A levels two years; he 'did not read what I was getting into' (F-I, 2) and regretted this decision, as A levels would have provided the opportunity to apply to four UK universities to study Medicine.

In the middle of term 2 of the 2013–14 programme, it was discovered that the Saudi Arabian government did not recognise the MBBS6 and this added to the anger and frustrations of students from that country. Not only had they not been given all of the required information, and in some cases given misleading information, it became apparent that even if they were successful in gaining a place to study for the MBBS6, their qualifications would not be recognised in certain countries. Other countries such as India and Singapore also do not yet recognise the MBBS6. In the following year (2014–15), there were three Foundation students from India who were unaware of this fact.

Non-Foundation students from Canada tended to seek the advice and guidance of their school counsellors during the application process. Some schools organised visits from the private organisation for the sole purpose of marketing their international programme and advising students who want to apply for Medicine. Other N-FI students also tended not to use agents; they seemed to have undertaken meticulous research on the programmes available to them, and were familiar with the UCAS system to apply for Medicine places as well as other entry requirements such as UKCAT and MMI. This suggests that NF-I students, via their own research, were

much better informed about the application process for Medicine than the Foundation students, who seemed to have relied much more on the advice of agents which, as already discussed, can be misleading.

The Foundation is a new programme and it is possible that agents with a portfolio of other courses to sell may not have had sufficient time to gather all the relevant information required to fully advise prospective candidates. However, on the other hand it must be noted that the fee income generated from such sales may have led unscrupulous agents to deliberately withhold information, especially if such information could deter students from taking up places. When money and profits are involved, it is likely that this, rather than genuine advice and guidance, becomes the primary motive behind such transactions.

The home students interviewed stated that they received a great deal of advice and support on the university application process from their schools. They had also spent a lot of time researching the programmes they wished to apply for via UCAS, including the various entry requirements. In contrast to the Foundation students, home students tended to plan their Medicine education in the UK for many years before submitting their UCAS applications, and so had time to gain relevant work experience and research the various programmes and their entry requirements. The home students were familiar with selection tests such as the UKCAT and the BMAT (BioMedical Admissions Test) and ensured that they were fully prepared to take them. The Foundation students, similar to their counterparts, had also considered studying Medicine for some time, however these students would have considered the courses available in a number of different countries and used agents to help them to decipher the various entry requirements and offer the best guidance. Some of the challenges of using agents have been described above.

On arrival in the UK, Foundation students have nine months to achieve high academic grades in examinations and prepare for the MMI and the UKCAT, in addition to organising and completing relevant work experience, a mandatory requirement for Medicine. The home and NF-I students also need to meet these

requirements but perhaps the main difference is that this would be accomplished over two years, with the support of their schools and teachers. A comparison of the time-scale involved in meeting the Medicine entry requirements for the three groups of students is given Appendix 8. The Foundation programme is intensive and students must meet the same Medicine entry requirements as their counterparts, alongside living in a new country which, in itself, is very challenging and takes a great deal of commitment, hard work and organisation.

The courseis already a challenging one. We were constantly told that we were studying what people study for A levels in two years in eight months. ... It started to become stressful as the course progressed (F-I, 17).

III Meeting the requirements for Medicine undergraduate study

Within most UK medical schools, including the one with which this study is concerned, there are four entry requirements which students must fulfil in order to gain a place to study Medicine. As discussed in Chapter one, these include academic achievement, a successful MMI, the required UKCAT scores and work experience in a field relevant to Medicine. Appendix 2 indicates the success rates of Foundation students in gaining a place to study Medicine, and illustrates that the numbers eligible for a place in the Medical School drastically decreased after the MMI and then again after the UKCAT. However, students gaining places at other medical schools that do not use an MMI and/or UKCAT in their selection processes is far more favourable. Interestingly, the university at which the majority of students gained a place to study Medicine was not in the UK and did not require a successful MMI or UKCAT score. The Royal College of Surgeons in Ireland accepted four Foundation students in year two and four students in year three, and selects students on academic achievement and a recorded internet interview.

The application process for Medicine is highly competitive (Calman, 2007) and, according to Patterson et al. (2012), there are over 25,000 applicants for 8,000 medical school places in the UK, equating to success for 32% of applicants. Whilst

the figures are not fully comparable, nor are they comprehensive, in the sense that statistics are only available for three years; they do, however, give an indication of how poorly Foundation students fare in gaining a place to study at the Medical School which has established and validates the Foundation (Appendix 2).

The interviews conducted with the Foundation students were used to find out why this situation may have occurred, and also to compare their experiences with those of home and NF-I students. It was hoped that preparation tips and techniques used by successful students could be assimilated and shared with future Foundation students as they prepare for their MMI and UKCAT.

MMI

Students, both home and international, who successfully completed the MMI and gained a place to study Medicine stated that their experience of the MMI was less stressful and much fairer than a panel interview, because if they performed poorly in one station they could start again in the next station and all was not lost; this perspectives resonates with studies conducted by Eva et al.(2004) and Harris and Owen (2007).

*definitely a good experience..... no interruptions, not a grilling session
...the acting stations I didn't particularly like but then the next station
was fine after (H,2).*

Non-Foundation and home students confirmed that they had not attended formal training sessions for the MMI and did their research and preparation from online sites and books. A few also sought the advice of friends who had already experienced the MMI.

*..asked my friend what to expect .. And then I looked online for like things
that they always do in MMI's. And I saw like things about grief, so I was
like looking at how to break bad news. (NF-I, 2).*

Given that the Foundation students interviewed were either successful or unsuccessful in the MMI, the responses varied considerably from those of the NF-I and home students, all of whom had been successful. Foundation students who

were successful in the MMI attributed their success to a variety of factors including preparation within the Foundation, advice and guidance given by their mentors, and self-study using online resources and books. One Foundation student had no idea why she had been successful, as she had done little or no preparation. The comments provided by Foundation students who were unsuccessful in the MMI could be categorised into three main themes: (i) blame attributed to the Foundation programme for not adequately preparing them; (ii) a few felt they were a bit 'lazy' and did not put any effort into preparing for the MMI; and (iii) had no idea as to why they failed, despite intensive preparation.

Not very well prepared.. we didn't know ..couldn't answer ..practice not the same in reality ..need more precise examples not generic'(F-I, 2). This Foundation student made no mention of any additional study and relied solely on the guidance given by tutors on the Foundation.

I didn't prepare ...went to classes – that's it. I didn't look further , I know other students were interested in reading more but then by the time I had the MMI I was already interested in Pharmacy and then I didn't feel like doing it anyway so I didn't prepare myself pretty sloppy of me ..sort of tainted myself....didn't wear smart clothes ..didn't look at the information (F-I, 13).

shocked at MMI results – spent a long time preparing.. I don't know the reason – I actually over prepared I can't think of any reason for that [not getting through the MMI] (F-I, 12).

For students who were successful in the MMI, it seemed, preparation was not lengthy, nor did it involve specialised training or support. All students in the home and N-F I sample stated that they used books and online resources to prepare for both the MMI and the UKCAT tests. Motivation and personal preparation seem to have contributed to a successful MMI outcome, and this was attributed to the students themselves and not due to assistance from a third party (which some of Foundation students seemed to have expected).

Foundation students who were successful in the MMI stated that they had prepared by using text books and online resources and did not rely solely on the workshops provided by the tutors on the Foundation. One F-I student attributed her success in

the MMI to having adjusted her own understanding of the medical profession. She stated that in South Korea, the doctor is 'god and patients do not question their diagnosis or treatment' (F-I, 13). However, in her own research, she found this to be very different in the UK where doctors and patients are seen as partners (GMC, 2009); this perception was important in the MMI scenarios. Again, the need for self-study comes through clearly; the ability to self-study and to understand the requirements of the MMI in one's own terms cannot be formally taught. As discussed in Chapter 1, MMIs have been designed to address bias and unfair practices. However, it can be argued that some of the questions and scenarios could be culturally biased and therefore disadvantageous to some Foundation students. For example, a student from the 2012–13 cohort stated that:

Empathy - one station ..an actor came and they ask you to deal with a situation and ..I didn't know what to say to them (F-I, 15).

The student came from a non-European background and found it particularly difficult to respond to a scenario of a damaged suit. On reflection, he felt his response was not appropriate in a UK setting, although it would have been correct in his culture. There is perhaps a need to scrutinise MMI questions and scenarios for cultural bias to avoid disadvantaging international students, although it must be noted that international students with similar backgrounds have 'learnt' how to answer such questions through research and self-study, as illustrated earlier by the experiences of the South Korean student.

One Foundation student in particular mentioned that his volunteering experiences were well utilised in the MMI, and in many of the stations he was able to refer back to these experiences to respond to the questions. He also stated that the support he received from his mentor helped him to get through the MMI:

Volunteering gave me a good base to talk about, especially in the MMI ...I would say my mentor helped me a lot in preparing for the interview...a month before the MMI we use to meet twice a week--specially reminded me of two things – always talk about yourself, talk about Medicine – my

mentor helped me a lot... the book that many medical students used...that was really a good one (F-I, 4).

Within the Foundation, MMI practice must be organised within an already tight timetable and very busy schedule. Some Foundation students (exit survey 2014) felt that MMI practice or guidance should start much earlier in the programme and should be made more explicit in terms of what is being tested. This information and guidance is readily available but, with the intensity of the programme, students may be overly reliant on receiving it from their tutors; after all, one of the 'selling points' in terms of marketing is that the Foundation prepares students for the MMI and the UKCAT. However, as illustrated by students who have been successful in the MMI, self-study, self-determination and motivation, it seems, are crucial for success in all aspects of the medical selection process. Some students stated that they sought advice from friends who had been successful in the MMI, and the Foundation has established a mentoring scheme which provides the 'friend' MMI support for students. In some cases, mentors have been very effective in helping Foundation students prepare for the MMI.

UKCAT

'UKCAT...a headache' (F-I, 4).

The UKCAT is another selection tool used by a number of UK medical schools to ensure that candidates selected have the most appropriate mental abilities, attitudes and professional behaviour required for new doctors (UKCAT a). In the 2011-12 and 2012-13 cohort, all the Foundation, students were successful in achieving the required scores in the UKCAT. As explained earlier, in year one of the Foundation programme (2011-12), the majority of students had already completed a level 3 qualification, the same level as the Foundation, and so were essentially repeating a year. Furthermore, in the second year (2012-13), only three students, all educated in English, took the UKCAT. Within the 2013-14 cohort, four students out of six who took the UKCAT failed to achieve the required score of 500 points in the Verbal Reasoning section, scoring between 470 and 490 in this section and over 600

in other sections of the test. Therefore, after meeting the academic requirements and passing the MMI, they ultimately lost their opportunity to study Medicine in the Medical School. Of the two students that passed the UKCAT in the 2013-14 cohort, one had been educated fully in English while the second had not been educated in the medium of English but had been given additional time due to special educational needs. The first student stated that 'honestly I don't know how.... I just passed VR [verbal reasoning] and that's what failed everybody else' (F-I 7). The Verbal Reasoning section of the test assesses students' ability to critically evaluate information presented in a written form. The test consists of 11 passages of text, each with four questions (i.e., 44 questions in total) which must be answered within 22 minutes (or 28 minutes for students with special requirements). Some questions assess critical reasoning skills, requiring candidates to make inferences and draw conclusions from the information provided. For other questions, candidates are required to carefully read each passage of text and then decide whether the statement provided follows logically (UKCAT, 2014:14).

Students from the three groups felt that the Verbal Reasoning section was particularly demanding in comparison to the other sections. Some Foundation students claimed that this section was unfair to international students who had not been educated in the medium of English; for example, two F-I students who were educated in their mother tongue and learnt English as a foreign language stated that they felt disadvantaged in the Verbal Reasoning section. They also felt that they were hindered by practice questions which did not adequately prepare them for the reading passages they actually encountered in the UKCAT.

...in the practice very very small passages compared to those that came in the exam...very long passages ..I found reading heading particularly I didn't study English when I was at high school--this type of English. The other sections were easy (F-I, 19).

The feeling among the Foundation students who failed to achieve the required score in the Verbal Reasoning was that they needed more time to read the passage, and that with additional time, they could have answered all the questions properly. The time constraint was emphasised by all students as a major challenge; 'if you had all

day to do your UKCAT, you would get 100%. But you don't..... it illustrates a very important point—the clock is your enemy' (Salt & Agarwal, 2015:285). Indeed, the Foundation student who was given additional time because of his special educational needs achieved the required score in the Verbal Reasoning section. It seems that this is a particularly difficult section for all students, and one in which the mean score is typically the lowest for the whole test as illustrated in Table 7. Indeed, one home student commented that 'I did well in the other sections but the Verbal Reasoning let me down' (H,2). However, she did achieve the required score in all sections and progressed to Medicine.

| | Verbal Reasoning | Quantitative Reasoning | Abstract Reasoning | Decision Analysis | Total Score |
|-----------|------------------|------------------------|--------------------|-------------------|-------------|
| 2014 Mean | 571 | 684 | 636 | 614 | 2505 |
| 2013 Mean | 557 | 655 | 661 | 771 | 2643 |
| 2012 Mean | 580 | 656 | 633 | 646 | 2515 |

Table 7. UKCAT Statistics 2012 – 2014

http://www.ukcat.ac.uk/App_Media/uploads/pdf/Test%20Statistics%20v2.pdf

Students in the N-FI group had all been successful in the UKCAT; receiving an education in the medium of English may have contributed to their success. This is a supposition, however, as only students who were successful in the UKCAT were interviewed and further research is therefore required on the subject.

In terms of preparation for the UKCAT, all students stated that they used a variety of books and online resources for practice and, like the MMI, self-study was a crucial factor.

..website was really very good – do lots of questions as possible...sometime did not understand why the answer but I just do it again and again ...do as much as I can ... (F-I, 4).

UKCAT preparation –'I bought the '400-600' questions standard UKCAT books, also there are a lot of on-line links(H, 5).

A home student who applied for Medicine and was unsuccessful, stated that he found the verbal reasoning section of the UKCAT difficult and failed to achieve the required score. This student was born outside of the UK and had not been fully educated in the medium of English, although much of his secondary education had taken place in the UK.

*I did the UKCAT twice... I used YouTube, used books, past papers. **UKCAT is one of those things you can't prepare for..**after 3 years the grade difference was minimal ...VR [verbal reasoning] was the most difficult – have to read a lot ..to develop the ability to read fast...you can't practice 2 or 3 weeks before the exam – you need to be reading constantly and make sure you understand and test yourself (H, 4).*

There appeared to exist a variety of opinions about the UKCAT. Those who were successful claimed that preparation helped a great deal; a few were not sure of the reason they passed and put it down to 'luck' and 'guess work'; others, such as the participant above, felt that the test was perhaps indicative of the type of education one had previously experienced and the reading skills acquired over a long period of time. One home and two NF-I students mentioned that they attended a specialist course for the UKCAT but felt that it had not been very useful and that getting 'lots of practice ...and getting familiar with the questions and timing' was far more beneficial.

As mentioned in Chapter one, there are numerous studies, notably cited on the UKCAT website (perhaps indicating some bias), which suggest that the UKCAT may be a good indicator of the future performance of medical students. However, the evidence is not conclusive and no study to date has focused specifically on the performance of international students and the UKCAT as a predictive indicator for such students. Indeed, the University of Central Lancashire (UCLAN) has decided not to use the UKCAT in its selection process as the verbal reasoning section, they claim, disadvantages international students.

In the most recent year of the Foundation programme (2014–15), six out of 14 students failed to achieve the required score in the verbal reasoning section of the

UKCAT but scored above the requirement in other sections. As with the previous year's cohort, this has meant that, after having achieved the academic requirements and passing the MMI, these students lost the opportunity to study Medicine. The Medical School is aware of this issue but insists that in order to ensure equal access, all students (both home and international) must meet the same entry requirements. Therefore, there are no planned changes to the UKCAT for international students. This appears to illustrate the point made by Stier (2004:93) that the Medical School, despite its internationalisation strategy, still regard Western systems as superior and, in terms of the UKCAT, refuses to take into account the particular needs of some international students.

United States Medical Licensing Examination (USMLE)

In interviews with former Foundation students who were in year three of the MBBS6 at the time, the issue of the United States Medical Licensing Examination (USMLE) emerged. The USMLE assesses a doctor's ability to apply knowledge, concepts and principles and to demonstrate fundamental patient-centred skills. Each of the three steps of the USMLE complements the others; no step can stand alone in the assessment of readiness for medical licensure in the US

(<http://www.usmle.org/about/>). The students were concerned that, in order to complete the last part of their medical degree (which takes place in the US), they need to be successful in the USMLE (step 1). This presents another hurdle for international students and has arisen because of the limited number of clinical placement available in the UK. To gain entry to the designated US medical school, students must meet the required USMLE threshold. For Canadian and US students currently on the Medicine programme, this is not a new requirement, but for non-North American students it is. The USMLE tests areas that are not traditionally taught in the UK medical curriculum, a factor which has caused additional concerns. If students fail to achieve the required score in the USMLE, they are not allowed to complete their medical degree in the UK and will have to re-sit the test (note: only a limited number of times is permitted). Thus, it presents a major worry for students; if they cannot pass the USMLE, they have no other way of completing their medical

degree, but if they pass the USMLE with poor scores, this limits the training opportunities available to them in the US. The Medical School's response to these concerns is that students who have performed well in the four years of their MBBS6 are highly unlikely to be unsuccessful in the USMLE. Furthermore, additional resources have been implemented to assist students in preparing for the exams.

On closer examination of the statistics presented in Appendix 2 it appears that the number of Foundation students eligible for a place in Medicine was drastically reduced, first by the MMI and then by the UKCAT (years two and three in particular). This seems unfair, given that these students have already spent £17,459 in tuition fees and about the same amount in living expenses yet may not pass the MMI or may fail at the UKCAT stage. It perhaps seems sensible that students sit the UKCAT and a Skype MMI (which is available), prior to being admitted to the Foundation programme, as in the case of St Andrews University

[\(http://www.standrews.ac.uk/elt/foundation/medicine/faq/\)](http://www.standrews.ac.uk/elt/foundation/medicine/faq/). However, statistics suggest that a large percentage of prospective students would therefore not gain a place on the Foundation, and that this would result in a loss of revenue for the Joint Venture. It appears that the profit motive trumps the academic needs and emotional wellbeing of Foundation students. Data relating to current students on the MBBS6 (2014-15) indicate that, out of 21 students, only two were from the Foundation programme (Table 8, page 95). Again, it is questionable as to why the Foundation programme exists when so few of its students progress to Medicine in the institution. The Medical School's response is that the Foundation offers students, who are unable to take A levels or its equivalent in their country, the opportunity to gain the required level of qualification to access Medicine programmes. However, the only medical schools that accept the Foundation at present are the institution itself, Liverpool and Hull-York in the UK, and RCSI in Dublin. Liverpool and Hull-York medical schools, however, have yet to accept a Foundation student. This response is perhaps indicative of an embedded mode of thinking in which increased revenue plus getting 'what is best for us' is the priority, and not the welfare and progression of international students. When asked if it was justifiable to offer a Foundation

programme when so few students progress to Medicine in the Medical school, the response from the International recruitment officer (Medical School) was:

I believe it is – to restrict access to UK undergraduate Medicine courses to students who have had the opportunity to do sufficient entry qualifications like IB or A levels seems to me to be actually unnecessarily excluding some students who may be potentially very very good medical students just because they come from an educational system which doesn't give them that entry qualifications – it is widening the pool of potential students giving us more access to hopefully students who will be the best possible students out of the applicant pool.

The institution further argues that students are not required to take the MMI and UKCAT before the start of the Foundation so as to give them the opportunity, once enrolled, to obtain support and practice to help meet these requirements. To date, however, this does not seem to be the case, as a significant percentage of Foundation students either failed the MMI or UKCAT (Appendix 2).

The data in Table 8 (page 108) illustrate that the Medical School recruits a large number of its international students directly and not through the Foundation. This could be viewed as a somewhat self-interested approach, whereby Foundation students with very high hopes are recruited onto a programme where the chances of gaining to place to study Medicine is very low, but which raises revenues for the Joint Venture. This appears to be a well-crafted strategy to once again exploit poorer nations. It would seem that the education system and qualifications of students from poorer nations have been moulded by global education policies and strategies (Crossley, 2001; Tikly, 2003; Naidoo, 2010) which have only encouraged a primary level education that is focussed on basic skills and a somewhat diluted competency-based educational system (Naidoo, 2010). It thus follows that students wishing to pursue higher education are required to seek this level of education in another country, usually in the medium of English. In this context, it appears to be a win-win situation for those nations that dominate the world, economically and politically, for it is through the policies that emanate from these nations that educational practices within poorer nations are controlled. A situation is therefore created whereby poor

nations continue to be dependent on their wealthier counterparts to provide the higher education they desperately need in order to develop. This skilfully constructed strategy comes at a cost to the poorer nations: that of purchasing education from the Global North followed by the possibility that, once qualified, students may not return to their home countries but instead remain in the wealthier nations. This situation represents a vicious circle that allows one part of the world to impose policies and practices within education, and in global economic and political spheres, which ensure that wealthier nations continue to dominate and exploit poor nations in every conceivable manner.

| | Country of Domicile | Nationality | Foundation student |
|----|----------------------------|----------------------|---------------------------|
| 1 | England | Iraq | No |
| 2 | Yemen | Yemen | No |
| 3 | United Arab Emirates | Pakistan | No |
| 4 | Canada | Canada | No |
| 5 | Egypt | United Arab Republic | Yes |
| 6 | Sweden | Sweden | No |
| 7 | Kenya | Kenya | No |
| 8 | Canada | Canada | No |
| 9 | Vietnam (South) | Vietnam | No |
| 10 | Sri Lanka | Sri Lanka | No |
| 11 | Libyan Arab Jamahiriya | Libyan Arab Republic | Yes |
| 12 | Indonesia | Indonesia | No |
| 13 | Canada | Canada | No |
| 14 | Hong Kong | British National | No |
| 15 | Canada | Canada | No |
| 16 | Nigeria | Nigeria | No |
| 17 | Saudi Arabia | Nigeria | No |
| 18 | Turkey | Turkey | No |
| 19 | Thailand | Thailand | No |
| 20 | Malaysia | Malaysia | No |

| | | | |
|----|----------------------|-------|----|
| 21 | United Arab Emirates | India | No |
|----|----------------------|-------|----|

Table 8. International students on the MBBS6 Year 1 (2014-15).

IV How well pre-university qualifications prepared students for undergraduate study

A central question of the study is, 'Can the Foundation adequately prepare students for undergraduate study in Medicine?', so it was therefore deemed important to ascertain how well students felt their pre-university programme had prepared them for undergraduate study. In relation to this question, the section also examines the perspectives of tutors working with both international and home students.

The majority of students across all three groups felt that, whilst their pre-university course was useful and of some relevance to the first year of Medicine undergraduate study, the topics covered were considerably more detailed and, in all instances, students had to research additional areas and topics. Students were also of the opinion that undergraduate study differed greatly from what they had encountered previously, and that they had to adjust to a new way of learning. A Foundation student currently studying Medicine at RCSI stated that

Biology and Chemistry helpful – relate to Medicine course now - ...before kind of enough if memorise everything but now in Medicine you need to look at the big picture – you need to apply things to the way of life..... I actually understand the things rather than memorising (F-I 12).

Home students reported similar experiences. Student H5 felt that 'A level quite good preparation', but not enough; 'it depends on what kind of student you are'. She reported a difficult start in the first year of Medicine because she 'did not keep up..didn't do enough.. didn't go over the lectures' and failed the first exam. Another home student (H4) was of the opinion that he had to re-learn how to study at university:

Actually, I wasn't very mature, it took me my first year [at university].. to learn how to study and how to work...first year was kinda learning how to work well, second year applying what I had learnt from the first year and

that's what pushed my grades up to get the transfer interview [to Medicine] (H,4).

Students from all three groups stated that what they valued most from their pre-university programmes, be they A levels, IB or the Foundation Programme, were the skills for self-study that they developed; most stated that this was crucial to their undergraduate study. This seems to suggest that, whilst academic achievement is a useful tool for selection to Medicine, the ability to effectively engage in self-study and self-reflection is equally valuable. A student from the first year of the Foundation (currently in year three of Medicine) felt that it was not possible for any pre-university programme to fully prepare students for Medicine because of the manner in which Medicine is taught, referring to the PBL approach. The student stressed that the best way for any programme to prepare students is 'to teach them to teach themselves ... being able to do your own research...to teach yourself' (F-I, 5).

A Foundation student, currently in year one of the MBBS6, felt that her counterparts with A levels were better prepared because they had covered more topics than she did in the Foundation. This is particularly interesting, given that this student was advised by a representative of the Joint Venture not to study A levels and to join the Foundation instead.

..so for them [those who took A levels] when something is mentioned – oh yeah we took that in A level but for me – we didn't take that so I need to study what we are taking - a lot of things that are not covered – so I feel that I am doing more work... (F-I 7)

Another Foundation student, currently in the second year of a Biomedical Science programme, felt that the Foundation 'could have been better' academically, and that although some topics were 'relevant', there is a need to consider the various health related undergraduate programmes students can progress onto and align the Foundation to those programmes accordingly (F-I, 2). However, this seems to be the case for most pre-university programmes, and the sentiment was also reiterated by an IB student who stated that he was aware of gaps in his understanding but that it

was down to him to address these; 'some of the things we took at IB were irrelevant..... I have some weakness but working on it' (N F-I, 4).

Six PBL tutors from the Medical School were interviewed and were chosen because of their direct experience of working in small groups with both home and international students. They were also personal tutors and supported students pastorally. An underlying theme that permeated all the interviews was that there were no special traits that identified which students were international and which were home students, and that all students were regarded as the same. Within the PBL groups, international students were not singled out as a specific group that required additional support. The tutors noted that 'every student has their own needs and requirement', regardless of whether they were home or international students (PBL Tutor 2). Based on my experience, notably within meetings, I was of the opinion that international students experienced considerable difficulties with clinical communication and required a significant amount of English language support. Only one PBL tutor, however, stated that a few international students had 'some communication skills problems with OSCE exams, and recently we got more OSCE failures in the students from international backgrounds – the numbers have been a lot higher than the UK students. I think communication issues often relate to language and culture... and students have perhaps struggled to realise what are the requirements' (PBL Tutor, 3). This was also noted by two international students who felt that they had performed poorly in the communication modules of the programme, not as a result of linguistic factors but because they had transferred from Malaysia in year three and had no previous clinical communication experience in comparison to their counterparts; thus, they performed poorly in the clinical communication examinations but excelled in the written examinations (NF-I, 10 and NF-1, 11). A Foundation student on the MBB6 failed the OCSE due to poor communication skills and she attributed this to her own lack of interpersonal and cultural communication skills rather than to linguistic inadequacies.

In the PBL sessions, tutors did not observe any particular differences between students, either educationally or physically. Indeed, the university is quite diverse and many home students are from ethnic groups, thus explaining why tutors do not appear to differentiate between student groups.

...international students ..some of them are very polite and some of them could be you know also outrageous to us and I could see the same things in home students, so there isn't much difference on an individualistic level (PLB, tutor 4).

The data would suggest that, although pre-university qualifications are a useful preparation for Medicine and perhaps give some indication that students are capable of achieving high academic grades, the ability to self-study and address individual areas of weakness are perhaps more important factors for success than the type of pre-university qualification a student obtains. It therefore follows that high achievement in a secondary school qualification from any part of the world could be relevant for entry to Medicine. One can question why qualifications from certain countries, notably in the Global South, are not deemed as valuable or equivalent to a Eurocentric qualification such as the IB, A levels or the North American high school diploma. This suggests a deficit model where 'other' educational systems are regarded as inferior to those in the Global North, and that students from these areas need to be 'lifted' further before they can progress to a UK degree programme (Said, 1978, 2003; Stier, 2004; Anwaruddin, 2014).

A major theme underlying the majority of interviews is the overriding sense that students, whether international or home, are integrated within a diverse environment. From my previous interactions with staff of the Medical School, I was under the impression that international students represented a marginalised and isolated group with a range of special requirements. However, the data seem to refute this observation.

V The career aspirations of international students, in particular where they plan to work

Three very different themes emerged when students were asked about their future careers and the country/countries in which they would like to work. Eleven of the 22 Foundation students interviewed said that they would prefer to work in the UK or US, and all 22 intended to complete their specialist studies in one of these two countries. All participants from the NF-I group intended to eventually return to their home countries; two were government-sponsored and therefore obliged to return home to work in state hospitals. Interestingly, none of the home students had ambitions to work abroad, apart from one who wanted to work in Australia as it was a 'developing country and... they would welcome you there with open arms' (H,4). Table 9 provides a summary of where the students would eventually like to practise Medicine.

| Future career – Foundation students |
|---|
| Complete the MBBS and specialism in the UK and then work in Qatar |
| Apply for graduate MBBS; would like to work in the UK, but father wishes him to return home |
| Wants to remain in the UK permanently |
| Gain experience the US or UK, and then return to Libya |
| Canada |
| Plan to work either in the US or Australia (does not like the UK) |
| The US or UK, or possibly Egypt in 'my father's hospital' |
| Pursue Medicine after Biomed. Wishes to work in the UK, preferably but depends on where living. |
| Work in Asia – Thailand |
| Nigeria; doesn't want to work in the US |
| Specialise in research and work in the UK preferably |
| Specialist study in the UK - work and remain in the UK |
| Pharmacy; work all over the world - not in one place |
| Work experience in the UK then open private lab (not sure where?) |
| Specialise in Canada or the US – work in Kuwait or other country |
| Sponsored student – will return to Libya to work and plans to remain there - this was always the plan |
| Plan to work in the UK |
| Specialise in the UK, then work in Sudan, Saudi Arabia, or a Middle Eastern country |
| US for specialist study then as a volunteer in Africa. Travel around the world |

| |
|---|
| volunteering – has not considered where to eventually settle |
| Dubai - more organised than Saudi Arabia |
| In the US, as a plastic surgeon |
| Work in either the US or an English speaking Asian country |
| Future Career - Non Foundation international students |
| Work in the US (20 years) then in Nigeria when a specialist |
| Complete specialism in US; 'may' return to the UAE, not certain |
| Complete specialism in US and then return to Hong Kong |
| Specialise in the US. Would like to establish up a health business in Iraq |
| Return to Canada |
| Interested in going back home to practise |
| Back to Thailand |
| Return to Canada |
| Return to Canada |
| Sponsored by the Malaysian government so will have to return home and work in the public hospital for 10 years. No plans to go into private practice |
| Sponsored by the Malaysian government so will have to return home and work in the public hospital for 10 years - would then like go into private practice |
| Future Career – Home students |
| Plan to remain in UK, no desire to work overseas |
| UK, in paediatric cardiology |
| Work in global health policy |
| Work in Australia as the country is developing and needs doctors |
| Interested in working for Doctors without frontiers, but ultimately to work in the UK |
| Remain in the UK - 'scared' of overseas |
| Work in the UK |
| Work in the UK |
| Work in the UK |
| Perhaps work a few years in Australia and France but then return to the UK |

Table 9. Where students would like to practise.

The intention of half of the Foundation students interviewed to remain and practice in the Global North could perhaps reflect a ‘brain drain.’ The term ‘brain drain’ was introduced in the 1960s and espoused the perspective that the migration of skilled talent from poorer nations to wealthier ones was an economic loss to the poorer countries (Haque & Kim, 1995; Galor & Tsiddon, 1997). Within this scenario, as qualified doctors who have been self-financed, the plans of these international

students represent the movement of both financial and human capital from poorer nations to wealthier ones. It can be argued that this is a continuation and perpetuation of the inequalities that divide the world, and that such movements have an adverse effect on the poorer world. Data reveal that small-and low-income countries with a high rate of emigration of health professionals are most affected by these trends. In particular, the medical brain drain is a source of concern in sub-Saharan Africa and South Asia, where the supply of health care services is low (Docquier & Bhargava, 2007:1). Reports by the WHO (2006) and Mensah et al. (2005) further confirm that, in some parts of sub-Saharan Africa, up to half of the trained doctors have left the country. Raghuram (2009) notes that in Malawi, a country which lost a significant proportion of its medical professionals in the year 2004, the life expectancy was only 41 years while the UK, one beneficiary of this migration of staff, had a life expectancy of 79 years.

International students, especially those from poorer countries, tend to remain in the country where they have studied (Baruch et al., 2007). This observation is reiterated by a UNESCO (1997) report which suggests that a 'vertical' mobility exists, whereby students from relatively poor countries tend to opt for study in a relatively wealthy country with the hope of gaining access to a more advanced quality of higher education and, possibly, access to the labour market in the host country (UNESCO, 1997). This scenario would apply equally to international students studying Medicine. The reasons for wanting to remain in the countries of the Global North include the opportunity to complete specialist training (as indicated by almost all of the international students), the family's expectation that their children would remain in a 'better' country, and wanting to work in a 'better' or more 'organised' country in comparison to their own(F-I,1).

Non Canadian international students who intended to return home stated that they would prefer to work in the private sector and would not consider employment in the government-funded medical care system; one student commented, 'I can't do public' (NF-I,2) and another said, 'I will work in a private hospital built for me by my dad'(F-I,7). Interestingly, one student justified his reasons for wanting to work in the

private sector as 'my parents paid for my fees to become a doctor so I will work in a private hospital.' Two NF-I students were sponsored by the Malaysian government, and planned to return home to work in the government hospital. It was interesting that only one student from this group (i.e., the non-Canadian NF group) was adamant that she would only work in the public sector as she did not 'regard medicine as a business'; no other international student made this observation.

There was a marked difference between home and Foundation students in that plans for global movement were one sided. A number of Foundation students aspired to remain, work and live in the host country, however, all but one of the home students had no intention of working in another country, although one stated that she would like perhaps to spend some time abroad to gain some experience (H,10) while another was 'scared' of working overseas and planned to remain in the UK (H,6). In terms of perpetuating inequalities, as mentioned earlier, a number of international students planned to either remain in the Global North or, if they planned to return to their home countries, work in the private sector. This in effect means that the skills of these future doctors will either remain in the wealthier countries of the world or in the private sector in their home countries, where only those who can afford to will be able to access quality health care. This finding is similar to that of Kangasniemi et al (2007), whose small-scale study of Indian doctors working in the UK found that, while some doctors wanted to remain in the UK, a large majority of the returnees (76.9%) intended to work in the private sector and 89.3% intended to work in an urban area and not in impoverished rural areas.

The aspiration of students to remain in the Global North on the basis of their international education and qualifications could be viewed as a 'brain drain', in that the migration of skilled talent from poorer nations to wealthier ones is an economic loss to the poorer countries (Haque & Kim, 1995; Galor & Tsiddon, 1997). However, others have argued that this brain drain could be viewed as beneficial, especially in situations where there are no employment opportunities in the home country for highly skilled and educated graduates as their skills could be utilised in another country. This has been termed 'brain outflow' by Ghosh and Ghosh (1982). Such a

situation could be viewed as a valuable export if these workers send remittances back to their home countries, which have become an important source of funds for poorer countries. The WB (2013) found that the 'developing world is [was] expected to receive US\$414 billion in migrant remittances in 2013, an increase of 6.3 percent over the previous year. This is projected to rise to US\$540 billion by 2016'. The report also concluded that this method of support is exploited by both the wealthy and poorer nations in terms of the high charges imposed on such transactions. 'The global average cost for sending remittances is 9 percent, broadly unchanged from 2012' (WB, 2013).

The concept of 'brain circulation' was developed in the 1990s to account for the rise of multinational companies which require their workers to be mobile across the world. Thus, skills gained in different countries could be 'returned' back to poorer countries and add to the skill sets of their workforces (Le, 2008). However, whilst this could theoretically be viewed as a positive benefit to the globalised world, the question of who benefits from this 'brain circulation' arises, and can it be applied to the medical professional? Raghuram (2009) argues that it is difficult to apply brain circulation to medical workers, unlike IT and financial workers, as there are no multinational companies in the medical field. However, to some extent it is possible to disagree with Raghuram (2009), given that Western hospitals are fast becoming multinational companies in their own rights and are establishing hospital sites in different countries. Thus, this idea of brain circulation could also apply to the medical profession in time. Again, however, these private, fee-paying 'multinational' hospitals are only accessible to those who can afford their fees, undoubtedly a wealthy, elite group. The US-based Cleveland Clinic in Abu Dhabi is one such example of this type of organisation: http://www.forbes.com/2008/08/25/american-hospitals-expand-forbeslife-cx_avd_0825health_slide_2.html?thisSpeed=20000.

Arguably, it is the right of workers to decide where they work, but it is unclear whether true freedom of choice can be exerted in this regard, especially when immigration policies dictate who can and cannot enter a country for work. Rizvi (2005) gives examples of the immigration and visa policies adopted by Canada, US

and Australia to ensure that only certain international students (with particular skills needed by these countries) remain, and to encourage certain types of skilled workers to enter the country. Students on the MBBS6 must complete their qualifications in the US and, subject to visa requirements, can remain there to practise. By joining the US health system, these privately funded students are supplying their skills to a health care system that has not funded their expensive education. The US has agreed to such a situation because the country requires more doctors. Many of the Foundation students aspire to remain in the West, but the West will only want them if they have the specific skills required to grow their economy. In terms of Medicine, it would seem that the stringent policies and procedures applied to the recruitment of overseas doctors act as a tool to select only those who are required by the host countries. Kangasniemi et al. (2007) suggests that there is 'clear evidence of screening. In addition to the official mechanisms through which a doctor has to pass to gain the right to practise in the UK..... that the process of obtaining a job in the UK also serves as a screening mechanism' (922). The doctors interviewed in this study felt that they had been selected because they were more able and competent than others, and had obtained their degrees from top universities. The data suggest that overseas doctors permitted to work in the UK 'are not a random sample of doctors' (Ibid).

A number of arguments suggest that the brain drain has changed in response to shifting identities and conflicting loyalties in the globalised world of today (Rizvi, 2005). Despite these varying perspectives, the global movement of people is still controlled by the powerful nations which determine the type of skilled workers they want. Rizvi (2005) argues that, under Wallerstein's (1974) world-systems theory, brain drain is interpreted as an outcome of the structure of world capitalism which creates conditions that produce economic growth for some countries and underdevelopment for others while failing to acknowledge the agency of citizens to migrate. However, it can be argued that the capacity of individuals to act independently and exercise their own free choices (in terms of where they can migrate to) is very much one-sided, with the citizens of poorer nations restricted by immigration and recruitment policies which serve only to select those who can add

economic value to the host country. Thus, unlike Rivzi (2005), I would support the view put forward by Wallerstein (1974), that the movement of people is controlled by the 'core sector' of the world (i.e., the wealthier nations) which are also the primary benefactors of capitalism. Only the required skilled workers from the semi-periphery or periphery (poorer nations) are allowed to move to the 'core'. Thus, within this context, visas and migration policies are more powerful in determining and controlling migration than the agency of the world's citizens. In addition, it is only the wealthy elite of the poorer nations that can afford the education to attain the skills required by the wealthier nations in order to migrate. In this manner, inequalities are continued both within the world and within the poorer nations.

VI The internationalisation agenda, and how international students are perceived within the institution (perspectives of staff and home students)

Staff within the Medical School

The internationalisation agenda of the Medical School how international students are perceived within the setting are examined in this section.

Staff working in the Medical School (PBL tutors, senior managers and marketing personnel) were asked what internationalisation meant to them. In each case, the participant stated that from their perspective, internationalisation meant the drive to increase the number of international students in the institution as 'an attempt for *[name of the institution]* to increase revenue' (PBL tutor 1). Staff within the management hierarchy, who were instrumental in designing the internationalisation strategy of the institution, confirmed that the reason for such a strategy was the survival of the institution and the subsequent need to increase revenue in order to so.

The initial drive was a financial one, [as a small medical school] 10 years ago we were looking to whether we should be merging with another organisation. That did not happen, so strategically the plan was then to grow student numbers the only way to expand student numbers was international (Dean for International Education).

Correspondingly, a member of the group responsible for establishing the programme stated that it was founded 'purely for financial gain in terms of bringing the students in to be able to charge them the international fees' [PBL Tutor 3]. The economic imperative is high on the internationalisation agenda of the Medical School and does not perhaps identify specifically with any of the rationales developed by Stier (2004), although this is not unusual, as Stier clearly states that these are conceptual categories. At present, the 'best fit' for the Medical School's internationalisation agenda lies perhaps within the 'instrumentalist' ideology, but with more of an emphasis on the 'commodification' and selling of medical education to increase revenue; very little appears to emphasise the provision of an education that would produce an appropriately skilled labour force for the global market. As with all the rationales listed by Stier (2004), it can be argued that the view of internationalisation is predominately a one-way flow, meaning that the rest of the world (namely the poorer nations) have a great deal to learn from the wealthier nations, but not vice versa; in other words, the role of HEIs is to educate the uncivilised world. This may, of course, be seen as another form of Western cultural imperialism and global hegemony (Ibid: 89). It is particularly interesting to note the view of the MBBS Admission tutor who 'hopes they [international students] are on an equal footing with the other students', suggesting that perhaps there is a deficit model of international students.

Although not evident in the data collected in this study, there exists an underlying anxiety that international students could present a threat to the quality of the educational provision. A few members of staff are concerned that some international students are not as well prepared or as academically and/or linguistically competent as home students, and that an increase in the enrolment of international students may somehow dilute the academic quality of the Medicine programme. This concern is illustrated by a comment from the Medicine course leader, who states in an email that international students are 'below average' compared with home students:

OK, I am not keen to drop grades in this group as the progression we are seeing in the course is below average for this stream of students' [Email in relation to an appeal from a Foundation student].

This tension is felt by some international students who stated in a letter of complaint that:

A couple of us raised concerns that whenever they identify themselves as an [international] student within [the institution], comments about the programme being a "scam" are often made. As you can imagine, this would be quite disconcerting to hear...

It is interesting to note that, in the interviews, this anxiety was not expressed by the staff participants. All PBL tutors interviewed acknowledged that, as with any class, there exist diverse needs and international students seem to merge into this norm.

Each student has individual needsno stereotypical view of international students (PLB tutor 2).

The PLB tutors were also personal tutors, responsible for the pastoral care of students—some of whom were international students. Within this role, the tutors were able to identify the particular challenges faced by international students as well as similar issues to those experienced by home students (such as time management and organisation). The Student Union president further acknowledged the financial gains that international students bring to the Medical School, as well as the additional assistance they required in, for example, the setting up of a bank account, social activities, and additional teaching and guidance for the USMLE.

All PBL tutors were asked how the curriculum had changed as a result of the Medical School's internationalisation strategy. The initial response to this question was that little had changed, given that the study of the human body is universal; 'in terms of my day-to-day teaching anatomy is anatomy, wherever you go' (MBBS Admissions tutor).

I don't think it can because medicine itself is universal, I mean a femur is a femur no matter where you go. So that's what makes it international (PBL tutor 4).

These responses are similar to the findings of Koutsantoni's (2006) research which showed that only two institutions out of 133 acknowledged the importance of creating a culture (and a curriculum, in this case) of equality and diversity within their internationalisation plans. Equally, there was no mention of a Medicine curriculum that encompassed a critical awareness of national or global health inequalities or how these inequalities could be challenged. Upon further probing, tutors acknowledged the enrichment that international students could bring to the curriculum. Here, the term 'could' is used tentatively as these suggestions appeared to be ad hoc rather than for carefully considered strategic changes to the current curriculum.

'but [there is] scope in research project' the tutor here is referring to a project he recently supervised on 'looking at eyelid curvature in different ethnic groups we can actually differentiate anatomical traits within different ethnic groups' (MBBS Admissions tutor).

The Deputy Principal acknowledged that the Medical School was 'at a rather early point in the journey to becoming a truly internationalised institution' and envisaged that in the long term, a wider view of internationalisation would be incorporated within the institution, such that:

We would like to be able to do is to prepare ourselves and our students to be able to make a contribution globally rather than just within the UK, by which I think I mean we would like to try and give our students a perspective on whatever their area is, that is a global perspective and not just a narrow UK perspective. We also, as an internationalizing institution want to be able to take students from all over the globe and bring them to the UK and give them that UK-based but globalised education.

In an ideal situation, internationalisation could promote a high-quality, equitable and global learning experience for both home and international students studying on UK

programmes (Andreotti 2006; Knight, 2008; Bourn, 2011; de Wit et al., 2015). In practice, however, the Medical School (like most HEIs) regards internationalisation as a marketisation strategy to generate increased fee income from international students (De Vita & Case, 2003; Koutsantoni, 2006). A more holistic approach to internationalisation is perhaps the intention of some members of the management group, but as the Deputy Principal alluded to, there is a need for all staff to support this notion of internationalisation, which does not seem to be the case at present.

So internationalisation is not about bringing overseas students to the institution but that is one component but it is much broader than that and, we have a job of work to do, to persuade all of our staff and all of our students that this process of internationalization is something that they have a role in it and they need to contribute. It is an institution wide process, affects everybody not only academic staff at all but including all support staff as well.

The themes that emerged from the interviews with staff bear many similarities to the findings of a study by Ilieva et al. (2014). Questioning what internationalisation meant to staff in a Canadian university, the authors identified three themes: commercialisation, lack of awareness or understanding of internationalisation, and containment of diversity. The first theme, commercialisation, was linked to the apparent coupling of internationalisation with the need to raise revenue. The second theme was a lack of awareness and understanding of processes and practices of international education among many students, faculty, and staff. The third theme was a lack of attention to the diverse knowledge and traditions within programmes, meaning that the focus remained Eurocentric. In addition, international students were marginalised and their knowledge devalued. 'All these themes speak to a reductionist, unidirectional and binary focus in practices of internationalisation' (Ibid: 883).

Home students within the Medical School

Ten home students from across the five years of the home Medicine programme were interviewed; although this was a small sample, it showed slight variations in

how international students were perceived in the early and latter parts of the programme. Students in the first and second year of Medicine all stated that they had no idea who the international students were, given the diverse nature of the Medical School. They were of the opinion that, in lectures and PBL sessions, all students got on with their work with no reason to draw attention to international students. A home student commented that she had international students as close friends, and 'I don't think of them as international students ..so it's hard for me to say something ..they are just the same' (H,2). Similarly, the majority of international students within the Medical School felt comfortable and some, but not all, formed social friendships with home students:

there is not really this gap between internationals and locals, you are just part of them and we really like it and most of my friends are like home students (NF-I,3).

Most of my friends are home students ...get along ..same students...same uni – no trouble (F-I 7).

In the latter years, particular years 3 and 4 of the Medicine programme, home students seemed more aware of international students as there were a number of issues publicised in relation to the USMLE, which international students must sit before moving to the US. The home student, in this case, felt that the international students (the majority of whom were from North America) had changed the dynamics of the programme and had perhaps added an 'Americanised slant.' He noted that the USMLE preparation had made the international students

'a bit panicky and have been from day one about learning enough for their [US]MLE which is harder than [what] we would naturally learn within the first two years of Medicine and very much matters for their careers and future ..it changes the dynamics as they try very hard on the whole...they are more competitive within themselves and with each other and with us and that has driven up the level of competitiveness within the year' (H,1).

This student felt that home students had a different approach to their study, and were 'more likely to enjoy themselves ...and not overdo it'; this element of competitiveness had added a new pressure to the whole group, he reported. The student also felt that the Medical School was 'making a mistake by having international students' as they [international students] in response to 'any kind of mess up – they get really angry about it and start complaining and start criticizing and talking about it whereas ..we kinda accept it...difficult for [the Medical School] to provide a value service to them...when they are paying so much and know that we are paying so much less – they so resent that ...and they kick off as soon as anything goes wrong' (H,1).

Within the later years of the Medicine programme, international students can be seen to have made an impact but this was not evident in the earlier years. There have been instances [2013–14] where concerns were expressed by home students about the increased number of international students on the Medicine programme and how clinical placements might therefore be more difficult for them to obtain. These concerns were raised at management level, and led to increased tensions within the Medical School at that time. The Student Union president confirmed this situation, and also reiterated that it was no longer the case as it had been explained to home students that international students must complete their clinical placements in the US, hence the need for the USMLE. The Student Union president insisted that there should be clear communication from management to students to avoid such misunderstandings in the future. This tension was also reiterated by a member of staff within the Medical School (who wished to remain anonymous), stating that 'home students are fed up with the amount of attention given to international students and feel they (international students) are being singled out for special treatment and their (home students) needs ignored.' Again, this could be a case of the Medical School not fully explaining to home students the need for international students to take the USMLE, thereby causing the current state of tension and anxiety within the Medical School.

The perspectives of staff and students suggest a diverse and integrated Medical School and, in many respects, this appears to be the case. Most home students feel that international students are a natural part of the Medical School, and whilst undercurrents exist (especially in the later years) that suggest international students have made an impact, there is conjecture as to whether this is positive or negative. The general picture that emerges is one of a diverse community that is accepting of both home and international students, but beneath this lie some tensions which need to be fully addressed in terms of ensuring international students are properly prepared for the USMLE and home students are fully informed as to why additional attention is given to international students as they prepare to meet the additional entry requirements for the US. Although selling itself as a global university, the curriculum of the Medical School has not fully incorporated this policy, and the reason given is that Medicine is universal and international students come to the UK to study a UK curriculum. There are indications, however, that some tutors have considered how the medical curriculum could incorporate a global theme, although this is not formalised as part of the curriculum at present.

Chapter Five – Conclusion

This chapter summarises the main findings of the research study, its contribution to knowledge and, in light of the findings, offers some suggestions for possible ways forward. The chapter also reflects on the limitations of the study and proposals for future study.

A conceptual framework embedded in one particular aspect of postcolonial theory illustrates how the legacy of colonialism, in association with contemporary neoimperialistic discourse, continues to dominate the world, including the education of international students on a UK Foundation programme. The data, although limited, demonstrate how internationalisation strategies are actively endorsed by new-imperialistic practices which also capitalise on the legacy of colonialism. Despite well-meaning holistic aims, the principal objective of most internationalisation strategies is financial gain; this occurs at the expense of poorer nations. In this sense the Global North, through its internationalisation strategies, continues to exploit and reap economic benefits from poorer nations that send their citizens to be educated overseas.

The Foundation programme is an intensive course of study for international students aspiring to study Medicine in the UK. However, despite the high academic achievements of students on the programme, few are successful in gaining a place to study Medicine in the partner Medical School (or indeed, any other UK university). Given the numerous challenges faced by international students, the aim of this research was to explore whether students on this nine-month programme were adequately prepared for the various aspects of the Medicine selection process, and secondly, if they were successful in gaining a place to study Medicine, to determine whether the Foundation programme had prepared them sufficiently for the rigours of undergraduate study. Within this context, the experiences of Foundation students were compared with two other groups: home students, and international students who had not completed the Foundation. As discussed in Chapter four, within these

major themes, other important aspects emerged in relation to how international students were recruited, their future career plans, and how they were viewed within the Medical school's internationalisation strategy.

The data suggest that Foundation students face exactly the same challenges as other international students and home students in order to gain a place to study Medicine, but have additional pressures placed upon them in meeting these challenges. These pressures include not having been immersed in English and a Eurocentric education system from an early age, misinformation they received before joining the Foundation programme, living alone in another country, and the necessity to complete, within nine months, all the academic and selection requirements that would normally take home and other international students over two years. As a result of these challenges, very few attain a place in the Medical School, although a far greater number get into Medicine programmes in other institutions that do not have the selection requirements of the MMI and UKCAT. This suggests that academic attainment is not an issue for Foundation students, as most are high achieving students. Even those who are not fully confident in English at the start of the programme tend to achieve the exceptional results required through sheer determination and hard work. It therefore seems that the major challenges for these students are the MMI and UKCAT.

MMI

NF-I and home students received no formal tuition for the MMI, and most prepared on their own using resources from the internet, books, and by speaking to friends who had already experienced an MMI. Foundation students participated in a few MMI preparation sessions as part of their programme. The findings in relation to the MMI are limited, as I was only able to interview home and NF-I students who had been successful in their MMI whereas the Foundation group included students who had been both successful and unsuccessful. It is interesting to note that two Foundation students who were unsuccessful blamed their own lack of preparation, whilst another felt that over-preparation had caused her failure. In comparison to the NF-I and home students, it seemed that a number of Foundation students (n=5)

felt that they should have received more preparation from tutors on the Foundation, and the idea that they should have also spent time preparing on their own appeared to not have been considered. One F-I student reported being not fully aware of the cultural expectations of the MMI. However, the data illustrated that other international students (both Foundation and non-Foundation) were able to research these cultural aspects and differences and apply them in the MMI.

The findings suggest that, through self-study, research and thorough preparation, it is possible to achieve a successful MMI outcome. This is perhaps reflected in the MMI results of the Foundation cohort 2014–15 after the following strategies were incorporated within the Foundation programme:

- early preparation on the Foundation in which students were given information on the NHS, the duties of UK doctors and the competencies required to be demonstrated in the MMI
- where to find relevant resources online and books that would be useful in preparing for the Medicine interview
- emphasis on the need to work on their own to prepare for the MMI
- advice from mentors who, in essence, became the friend who had previously experienced the MMI
- advise that, when answering questions, students should refer where possible to the skills and competencies they have developed or observed during their volunteering experience
- a mock practice of the MMI which included timed answers to mock questions.

In this instance, 14 out of 22 Foundation students were successful in the MMI, a much better ratio than in previous years.

UKCAT

The UKCAT presents a slightly different challenge, as it includes a particular section, Verbal Reasoning, which appears to present a challenge to both international and home students; this is indicated by the mean score, consistently the lowest out of all sections each year. Formal UKCAT tuition courses are available, but the majority of students did not attend such programmes; for the few that did attend, the effectiveness of the course varied from being helpful to being of no use at all. The majority of students, both home and international, indicated that they had prepared for the UKCAT by completing practice tests from books and different online resources including the UKCAT website, which many found useful. The time spent on preparation varied from a few months to a few weeks (or, in one case, no preparation at all). All students stated that they found the Verbal Reasoning section the most challenging and the one in which they scored the least marks. International students, especially those not educated in English, felt that this section was particularly unfair and that the time constraint was the main issue which caused them to fail. With additional time, they felt that they could have answered all of the questions. It is observed that, in the Foundation group, there is a tendency for students who were educated in international schools and in the medium of English to be more likely to be successful in the UKCAT. To date, no large-scale study has been carried out to compare the UKCAT performance of international students with home students or, to determine whether there are particular needs pertinent to international students. If this were the case, additional time could potentially be allocated to international students, as it is for students with special educational needs.

Given that Foundation students performed well in other sections of the UKCAT, its value and effectiveness in determining the potential of future doctors is debatable. It is suggested that the UKCAT could be viewed more as a filtering system rather than a genuine means of assessing the clinical aptitude of prospective medical students. Indeed, many Foundation students have successfully progressed onto a Medicine programme in Ireland which does not have the UKCAT requirement. Following the

graduation of these students in the future, it would be interesting to investigate whether there are any differences between their achievements in comparison to students who were successful in the UKCAT.

How well the Foundation prepares students for Medicine and other undergraduate study

Within all three groups, students felt that their pre-university course gave them underlying knowledge which helped them, to a limited extent, in the first year of their Medicine programme. This perspective was the same whether the pre-university programme was A levels, the Foundation, IB or another international qualification recognised by the Medical School. There were no significant differences in the opinions expressed by students in the three groups. The ability to self-analyse the areas that required development and address them through self-study, sheer determination, and self-discipline was seen as the key to successful undergraduate study rather than the type of pre-university qualification taken. Almost universally in the medical selection process, high academic achievement is a minimum entry requirement; this assumes that, with a strong academic ability, other skills can be subsequently acquired. However, without the ability to self-reflect and self-study, there is little chance that an undergraduate student will succeed or benefit from higher education; this includes the study of Medicine, given that much of the curriculum is presented as PBL.

The Internationalisation strategy within the Medical School

On a theoretical level, internationalisation present an excellent opportunity to provide a critical, diverse and holistic education (Andreotti 2006; Knight, 2008; Bourn, 2011; de Wit et al., 2015). However, the reality, as illustrated by the data in this study, highlights the economic imperative behind such a strategy, within this Medical School and most HEIs (De Vita & Case, 2003; Koutsantoni, 2006). The aim of this strategy is primarily to increase numbers of international students in order to increase revenue; this is not an underground operation, but transparent to all

stakeholders. The internationalisation drive, whilst creating revenue for the institution has not, as evidenced by the data, provided an equitable quality of service in terms of the recruitment process and what the Foundation aims to achieve in nine months. The drive for profits has resulted in many Foundation students being given misleading or insufficient information so that they were not fully informed of the requirements to progress to the Medicine programme, the status of the Foundation programme, and the competitive nature of securing a place in Medicine. It is evident that this programme, although marketed as a route into undergraduate Medicine for students who do not have the opportunity to study for a UK-recognised qualification in Year 13, has been set up as a means for various organisations to profit financially. Firstly, agents benefit when they recruit students and, as evidenced by the data, some may use unscrupulous tactics to encourage students to join the programme. Secondly, the Joint Venture receives revenues from the tuition fees charged to students on the Foundation programme and receives further fees if students then progress to undergraduate studies in the Medical School. As noted earlier, tuition fees are considerably higher for international students. Income generation follows the student, even if they do not progress to the Medical School, as there are arrangements in place whereby other universities pay a commission to the Joint Venture if Foundation students join their programmes. Thirdly, the UK economy benefits financially from international students in terms of the fees that are paid for visas and expenditure on accommodation and living costs in the UK. Finally, should the student decide to remain in the UK after graduation, as some do, the UK society and economy will benefit from their skills and training, towards which the UK government has not made any financial contribution.

In terms of the apparent efforts to implement a holistic approach to internationalisation, the curriculum within the Medical School, to date, has not accommodated the experiences of international students. It is suggested by some tutors and senior managers that international students choose to study Medicine in the UK because of the value placed upon the UK Medicine curriculum, and that changing it would be counterproductive. Similarly, others argue that the study of Medicine is universal and that it would be difficult to adjust the teaching of such

topics. However, on further probing, some staff members were able to illustrate how topics and discussions in PBL sessions, research and individual study could include the experiences of international students and allow for a more diverse approach to topics and issues related to Medicine.

The general consensus amongst all students and staff interviewed was that the Medical School has a warm and welcoming ethos and an environment in which most students feel comfortable and at ease. Although it would seem that many of the international students interviewed tended to have close friends within the international community, there are good working relationships between all students. It has been noted that some home students were wary of an increase in the number of international students, and feared that this may impact adversely on their ability to secure clinical placements. This was resolved however, by a clarification from management that international students on the MBBS6 would complete their clinical placements in the US. The demands made upon international students in terms of the USMLE, and the need for additional resources to study for these exams, have been noted by some home students who may see this as diverting time and resources away from their own needs. It seems that there is a need for the Medical School to clearly explain to all its stakeholders how the MBBS6 is organised, why it exists, how it differs from the MBBS5, and the demands placed on international students who require additional support and resources.

Addressing the central question of the study

The central question that this study has sought to answer is whether the Foundation can adequately prepare students for undergraduate study In Medicine. The findings from this small data set have illustrated that, with dedication and commitment, international students can be successful in gaining a place to study Medicine, albeit not predominately in the Medical School. The success rates in both the MMI and UKCAT seem to be enhanced if students have been educated in a Eurocentric system and are prepared to commit time and effort to studying on their own to meet the requirements of these selection processes. However, what is perhaps more

pertinent is the reason why this question is being asked in the first place. Why does a situation exist, where programmes are created specifically for international students so that countries, chiefly those from the wealthy Global North, are able to profit from them? Why do the poorer nations still view their ex-colonial masters, now the wealthy nations of the Global North, as having superior education systems and continue to send their citizens to be educated in these countries? These are perhaps the fundamental questions of this research, which the study has attempted to answer by examining the historical impact of European colonisation and the new imperialism of today. As suggested by Loomba (2005), colonisation, combined with the advent of capitalism and its extension to contemporary neoliberalism in terms of economic policies, has meant that the wealthier nations of the world now strive to dominate the world via economic strategies, and that the exploitation of educational services in the aptly named 'globalised world' is another profit-making global commodity. It is the wealthier nations, many of which were former colonisers, and the new empire of the US that regulate and dominate this exploitation at the expense of other less wealthy and powerful nations. It has been argued, throughout this study, that this economic exploitation represents a new imperialism of modern times.

The treatise by Said (1978, 2003) on Orientalism remains of relevance today as it forms a basis to explain why the new imperialism which has enveloped the globe is accepted as the normal and natural state by the world's population. The new imperialistic discourse has, in effect, continued the colonial legacy of the East–West dichotomous relationship, which retains authority in all aspects of social, cultural and economic life, including education. The powerful nations are responsible for creating and continuing this imperialistic discourse through the educational development policies and strategies of the world-governing organisations which they control (Tikly, 2004; Anwaruddin, 2014). Foucault (1972) demonstrates the inextricable link between power and knowledge and the creation of a reality in which the West assumes its position as a universal standard against which others can be measured. This is evident in the way that the interests of the Global North are projected as the world's interests (Spivak, 1990). Such a reality ensures that

whatever the West does and 'sells', including education, is deemed as valuable and thus purchased by the nations of the world, particularly the poorer nations as they strive to 'catch up' with the West (Anwaruddin, 2014) and to acquire a part of the Western ideal, which they can never attain as the West is always one step ahead (Sardar, 1999).

The legacy of colonialism also persists within poorer nations, as the elites that remain in the former colonies continue in the footsteps of the colonisers. Fanon (1968) and Rizvi et al. (2006) suggest that this elite group have continued to hold on to the wealth and power in their countries. Their children typically experience a Eurocentric education, and these elites are most likely to make up the group that can afford to send their children to be educated in the West. Their wealth, in the form of payment for tuition fees and living costs, which could remain in the country, is exported abroad. Similarly, their children on returning to their home country tend to maintain the powerful positions of their parents, and their own children thus experience the same educational patterns. This continuous cycle which developed during the time of colonisation continues today and is capitalised upon by universities in the Global North under the guise of internationalisation. Alternatively, if these children decide to remain abroad (subject to meeting the immigration requirements of the wealthy nations), their skills will be used for the benefit of other nations and not to develop their home countries. In terms of Medicine, if international students decide to practise in their home countries, a desire to work in the private sector is quite likely. In all the scenarios presented, the inequalities between rich and poor nations of the world, and the rich and poor divide within countries, continue.

Interviewing the international students, it became apparent that the majority (32 out of 33) had not considered the inequalities that surrounded them nor the normalised perspective that the West is superior. I sensed that they regarded their positions of wealth and opportunity as the norm, and therefore had no sense of urgency to challenge the system they were part of and which was clearly advantageous to them. Of all the interviews, the one that stood out the most was

that of a non-Foundation international student who was a sponsored student from Malaysia. After interviewing other international students (who were clearly from wealthy backgrounds), it was refreshing to speak to this young woman who made an impact on me. She was a down-to-earth person from what is considered a working-class background ('my father [is] an ordinary worker in a brewery and my mother a housewife'). Having achieved excellent academic results, she was able to join the Medicine programme at the International Medical University in Malaysia and then transferred to the Medical School to complete her studies. She was the only student who sensed the social divide caused by medical education as a business and was adamant that, unlike her colleagues, she would always work in the public hospitals and not revert to the private sector, even when her tenure was completed. She was very clear that 'medicine is not a business'. I was somewhat dismayed that none of the other 32 international students had this insight, and were perhaps more engrossed in their own situation with no awareness or concern about what was going on around them. This then poses the question of what can be done within both the Foundation and Medicine programmes to challenge the perspective that an unequal world is acceptable. This idea is examined in the recommendations section that follows. I have highlighted this aspect of the study because there is a need to challenge the neoimperialistic discourse that one part of the world is superior to the other, and that the culture, values and systems, including education, of the Global North is better than any other. Such a challenge should come from the Global South, as suggested by Sardar (1999) but, as discussed throughout, the global policies that continue to be dictated by global governance bodies have meant that higher education, the forum for the development of such critique and challenge, has been stifled within the poorer nations.

Limitations of the study

This is not a large-scale study, as both the Foundation and the MBBS6 are new programmes so the number of students available to interview was therefore limited. Despite contacting all former Foundation students, only 22 out of 55 agreed to be interviewed. However, I am of the opinion that this was a sufficient number to

capture the main aspects of their experiences, as it soon became apparent that much of what they had to say was similar. The comparison groups were useful, and in many ways dispelled the myth that Foundation students were less prepared to enter Medicine than students from traditional educational routes. The comparison of how students prepared for the selection process, as well as how they managed their undergraduate studies, was informative in that it illustrated many similarities and highlighted the importance of self-study in all aspects of academic study and in the selection process for Medicine.

It proved extremely difficult to arrange interviews with students, as many were located in different countries and all had very busy schedules which included time in hospitals located a distance away from the Medical School. Interviews that took place via Skype and by mobile communication presented some problems owing to poor technological connections, but these were nonetheless very useful tools as they allowed for interviews to be conducted with Foundation students who had progressed to institutions outside of the UK.

Given the nature of the contact data available, it was only possible to interview home and non-Foundation international students who were currently on the Medicine programme and had therefore been successful in both the MMI and UKCAT. For a comprehensive comparison, it would have been useful to include students who had been unsuccessful in either, or both the MMI and UKCAT. Unfortunately, this was not possible.

Working fulltime, I am very aware that the stop/start nature of the study was disruptive and hindered the flow of report-writing.

Proposals for future studies

As the study progressed, I considered the possibility of examining the internationalisation strategy of a medical school in the Republic of Ireland which was part of the British Empire and therefore subjected to some aspects of colonialism.

However, the timeline and focus of the current study did not allow this. It would be interesting to examine if there were any differences in the internationalisation strategies of this Irish university and the London Medical School, one being a reputable university in a former colony as such, and the other within a former coloniser nation.

As stated in earlier chapters, to date there has been no study which has investigated how effective or useful the UKCAT is in assessing the potential of international students, especially as they face additional challenges in the verbal reasoning section of the test. Given that one aim of the UKCAT is to reduce bias in the selection process, it would seem useful to evaluate how fair the verbal reasoning section of the test is for international students and whether a need exists to consider allowing these students additional time.

In regard to the MMI selection process, no research study to date has examined the experiences and performance of international students at the undergraduate application stage whose first language is not English and/or who have been educated outside of a Eurocentric setting. This is another area that perhaps warrants further investigation.

One of the main findings of the study is that success, both academically and in the selection process for Medicine, requires self-study, self-reflection, hard work and determination. I was interested in finding out the factors which motivated students in this respect. However, time constraints and the focus of the study did not allow for this, and it remains an area I would like to pursue at a later date.

The Foundation is a new initiative and no former students have yet completed their Medicine undergraduate programme or the USLME for entry to Medicine in the US. In three years' time, when there are Foundation graduates from the MBBS6, it would be worthwhile to compare their experiences and achievements with students from other medical institutions where students did not have to meet specific

requirements such as the MMI and UKCAT. It would also be interesting to track these students to determine where they eventually decided to work and why.

I would be interested in working with the Medical School to formulate a working definition of the internationalisation of medical education and its fundamental tenets. This should include how admission policies and the curriculum can incorporate the diversity of the student body, and how aspects of critical pedagogy/critical literacy can be embedded within relevant parts of the curriculum

Recommendations

As a result of the findings, a number of recommendations are suggested to address the major issues that have emerged. The recommendations are divided into two parts: the first set includes practical recommendations that can be implemented as part of my current role; the second set concerns recommendations that are beyond my scope.

This study, although small in scale, indicates that despite the challenges that international students face on the Foundation programme, they can, with sheer hard work, determination and self-study, attain a place to study Medicine. The demand for this programme is steadily increasing (Appendix 9), which would suggest that the allure of a Medicine qualification from the West is still greatly valued. The recommendations, particularly those in section 1, do not directly address the global inequalities which are perpetuated by the internationalisation strategies described within this context; instead, they address issues that have been highlighted by participants with the aim of ensuring that, like all students, they have a fair, transparent and high-quality learning experience. Within this section I have not included recommendations with regard to changes in the admission policy of the Medical School, as I do not have the authority to make such changes; rather, I have focussed on areas within my remit that can be changed/developed. The recommendations suggested in section 2 attempt to examine how global inequalities could be challenged via the Medicine curriculum.

Recommendations – 1

Transparency

Prospective Foundation applicants should be provided with the all information relating to the programme and the MBBS6, so that they can make an informed choice as to whether the Foundation is the most suitable route to Medicine for them. Applicants should also be made aware of all requirements for entry to Medicine in the Medical School as well as to other universities, along with the special requirement to complete their studies in the US, should they progress to the MBBS6 programme. The information should be made available through a variety of media sources, not just in written format, and should be accessible on websites, brochures, and sent directly to students, parents and agents. This information should include the following:

- I. Detailed information about the Foundation, the universities that accept this qualification as entry to undergraduate Medicine, and how this option compares with taking A levels or the IB. The application process to gain a place in the Medical School should be made clear and include the need, not only to achieve certain academic grades, but also to be successful in the MMI and UKCAT. The structure of the MBBS6 should be accurately explained, especially how it differs from the MBBS5 with the requirement to complete the final two-year placement in the US and the necessity to take the USMLE.
- II. Students wishing to apply for the Foundation should be advised to start preparing at least one year prior to starting. The decision to join the Foundation should be planned and not taken in haste. Students should be advised to research all options available to them, and not just rely on what agents tell them.
- III. Applicants should be advised to acquaint themselves with the UCAS process and the importance of the personal statement, and how this should be written

when applying for Medicine. It would also be beneficial if students researched the programmes available in countries other than the UK, and the differences between the Foundation and A levels/IB in terms of applying for Medicine.

- IV. It should be mandatory for all students to complete voluntary work before the start of the Foundation, and guidance should be provided on the type of volunteering that would be useful. The importance of voluntary work should also be emphasised when writing personal statements and in interviews.
- V. It should be strongly recommended that applicants thoroughly research the MMI and UKCAT before the start of the programme, and attempt some of the UKCAT tests to familiarise themselves with the different sections. Applicants should also be advised to develop their rapid reading skills in order to assist with the Verbal Reasoning section for the UKCAT, and the Medical School should provide appropriate guidance on how to do this.
- VI. Applicants should be advised to check whether the MBB6 is recognised in their home country, should they wish to practise there after qualifying.
- VII. The importance of self-study in preparing for the Foundation, during the Foundation and in undergraduate study should be emphasised, and applicants provided with relevant guidance on this before enrolment.
- VIII. Within the Medical School, issues concerning international students and the internationalisation strategy should be made transparent to all stakeholders. This should include informing all students about the additional requirements of the MBBS6 and the challenges international students might face, both academically and non-academically.

Agents

It should be mandatory for all agents to undertake training which would include an explanation of the information given above. As agents are located worldwide, training could be done via Skype or by webinar. Before recruiting any students to the Foundation, agents should sign up to a code of conduct which would include the

requirement to provide students with full and accurate information about the Foundation, the entry requirements to the Medical School, and the format and requirements of the MBBS⁶. In addition, they should assist all prospective students with the necessary planning and preparation for the Foundation at least one year before they start.

If agents are found to have withheld (or given misleading) information to students and/or parents, commission from the Joint Venture could be declined or a penalty imposed on the commission they are due to receive. Through the application of financial penalties, it might be possible to ensure that unscrupulous agents adhere to the code of conduct.

Organisation of the Foundation

Over the last two years, the issue of students failing to gain a Medicine place because they did not achieve the required UKCAT scores has emerged. Since the UKCAT is taken at the end of the Foundation, this situation has severe consequences for students who, after achieving the academic grades and passing the MMI, found that they had lost their place to study Medicine. The logical solution would be for students to achieve the required UKCAT score before joining the Foundation, as is the current position with A level students applying for a Medicine place (and also at another university in Scotland which offers a similar Foundation programme). This approach would certainly avoid a wasted year for some students, and the associated expenses for fees and living costs. This solution has been previously suggested but rejected on the grounds that the Foundation will help students to prepare for the UKCAT and that this is to their advantage. In reality, this is not the case, as evidenced by the results from the last two years; it is more likely that the adoption of such a suggestion would result in a decrease in the number of students joining the Foundation, and thus reduced income.

The Foundation should be organised so that, from the start, students are provided with an underlying understanding of the NHS, the competencies required by UK doctors, and the relevant issues surrounding the objectives of the MMI. As described

in the section on the MMI, some of these recommendations²⁰ have already been put in place and the results thus far have been positive. Similarly, from the start of the programme, skills related to the Verbal Reasoning section of the UKCAT should be embedded in particular modules where appropriate, such as the English/Skills module.

Recommendations – 2

The recommendations provided in the first section are considered as practical, and can be implemented within my role. The following recommendations, however, concern global inequalities and are more pertinent but beyond my scope. It is somewhat overwhelming, when one has an understanding of the global manipulations that are taking place, to feel that nothing can be done. This, however, is a defeatist approach to take, and an injustice to those who are exploited by the neo-imperialist practices that continue to keep them in a position of subservience. Freire (1970) argues that accepting the status quo and seeming or feeling powerless to change it becomes part of a 'culture of silence', and it is therefore the responsibility of educators to end this culture of silence by helping students find a voice (Rhem, 2013:2). In a similar manner, Sethi (2011) is somewhat of an inspiration, as her study exposing the politics of the relationship between postcolonialism, nationalism and globalisation serves to illustrate how marginalised people of the world are responding to the exploitation of globalisation, and gives examples of protests and defiance in Mexico, Bolivia, Peru and India. It is hoped that some of the suggestions given below may, on a minute scale, have an impact, perhaps just at the very tip of this global iceberg.

Challenging the discourse of neocolonialism and neoimperialism within medical education

I am not the first to consider how, within the realms of education, it might be possible to challenge the global discourse of neoimperialism, and undoubtedly I will

²⁰ Some of the recommendations referred to are described on page 115

not be the last. How can education contribute to this challenge in such a manner as to forge social transformation, in terms of addressing global and local inequalities and the unequal power relations that perpetuate them? This, I would argue should underpin any internationalisation agenda within the Medical School. Ilieva et al. (2014) argue that the currently approach to internationalisation is 'reductionist, unidirectional and.... thus we perceive them as unsustainable' (Ibid., 883). The authors draw upon the term 'sustainability' in their research to 'denote possibilities for complex holistic interconnections and relations between students, teachers, and curriculum within which power relations are recognised and difference valued' (Ibid: 880). Reminiscent of my experience of the 'lip service' paid to multicultural education in UK schools during the 1980s, I am wary that this suggested approach to internationalisation can easily turn into a perfunctory exercise. However, within the suggestion given by Ilieva et al. (2014), the notion of recognising power relations and differences regarded as of [equal ²¹] value are compelling and, if embedded within a framework of critical pedagogy (Freire (1970)/critical literacy Andreotti (2006) could be advantageous to all. This is an area that merits further exploration within medical education especially as the curriculum is focussed primarily on biomedical sciences (Ross, 2015).

Critical pedagogy has developed from a number of theoretical approaches such as the pedagogy of Paulo Freire (1970), and has been further developed by progressive teachers in an attempt to eliminate inequalities based on social class. Many teachers following the writing of Freire claim that 'they seek to teach students how to "read the world" so that they may use what they've learned to "write the world" in a new, fairer, more just and equitable way' (Rhem, 2013: 2). Giroux and Giroux (2006) argue that critical pedagogy should go further and should also be concerned with 'linking learning to social change, education to democracy, and knowledge to acts of intervention in public life' (28) and, most importantly, to protect sites of 'pedagogy from the baneful influence of market logics - ranging from the discourses of privatization and consumerism,'(28); in other words, protection from the influences

²¹ My emphasis.

of neoliberalism on education. Although I am supportive of this approach, I am aware that a critical pedagogy would be incredibly difficult to implement in the real world and within the context of this study. Take for example, the idea put forward by Giroux and Giroux (2006), that educators within the Medical School should overtly challenge the internationalisation strategy of the institution, which (as argued in earlier chapters) is a product of neoliberalism; this would not be viewed favourably by the Medical School, given the financial value of such a strategy.

The recommendations suggested are specific to the context of this study, and it is envisaged that these preliminary steps could, in time, catalyse into profound systemic changes. The majority of international students interviewed have little or no insight into the global issues that surround their Foundation or Medicine programmes. Their main objective is to be successful in their studies. This is not unusual, given their young age and that studying Medicine abroad has always been their intention. The majority of these students were from very privileged backgrounds, and it was apparent from the interviews that they were unaware of the inequalities in the world and the part they were playing within this divide, except in the case of one sponsored student who was mentioned earlier. Critical pedagogy, as pioneered by Freire (1970), involves allowing students to examine and understand oppression and their role therein, with the aim of having them empowered to end such oppression. In Medicine, students often come from a position of relative privilege; therefore, helping them to gain an understanding of oppression and the global inequalities around them is different from Freire's original pedagogy, which involved working with the oppressed groups themselves (Ross, 2015). The proposed suggestions, in terms of discussing and understanding some of the issues concerning global inequalities within a critical pedagogy/critical literacy framework, can be of benefit to all students. In addition, the curriculum within the Medical School at present attributes little value to the diverse knowledge and experiences that international students bring to their programmes, as the central concern is the income they generate.

There are two recommendations suggested to this end: (1) a proposal that all students, including international students, gain a better understanding and insight into the causes and implications of the inequalities around them, both at a local and global level; and (2) that the Medical curriculum incorporates a wider perspective which illustrates that the Western Medical system is not the only system in the world, and that other Medical systems exist, both in the past and at present, that are of equal value. This is perhaps the first step in challenging the notion of a superior Western knowledge and the inferior knowledge of the East (Anwaruddin, 2014).

In relation to this study, it is recommended that health inequalities, both global and local, are examined and analysed from social, economic, political and historical perspectives and in this manner, some of the issues that have been raised in this study can be highlighted. The GMC (2009) outcomes for graduates of Medicine include the following, which lends itself to discussions around issues that have emerged from the study: *'Discuss from a global perspective the determinants of health and disease and variations in healthcare delivery and medical practice'* (GMC, 2009:17). Such an outcome would allow for an examination of health inequalities and ultimately poses the question as why to these differences have occurred. Seeking to answer such a pertinent question ought to take historical, political and economic factors into account. Such a topic could be incorporated into PLB sessions or as a core module that all students, both home and international students, must study.

Hodges et al. (2009) assert that, within medical education, there is a tendency for dominant countries, primarily the wealthy countries of the Global North, to overwhelm national traditions and cultures. Citing the work of Taylor (2003) and Segouin et al. (2007), the authors argue that 'medical educators are prone to act as though there is only one culture of medicine thereby investing almost no effort in comparative studies' (913). In an attempt to challenge the discourse of 'West is best', a wider perspective of the medical curriculum should be embedded within the curriculum and not just considered as an afterthought. The curriculum, for example,

could incorporate other systems such as the Chinese and Indian medical systems and the influences of Islamic science on the Medicine curriculum.

Of equal importance, medical educators, who themselves may not be 'critically literate' and, thus, able to engage with the assumptions and implications/limitations of their approaches, run the risk of reproducing the systems of beliefs and practices that harm those whom they want to support. With regard to teacher education, in terms of training medical educators to critically address global inequalities in their teaching, the project developed by Andreotti and de Souza (2008), *Learning to Read the World Through Other Eyes*, could be a starting point. The conceptual framework of this project is based on four dimensions which were partially inspired by Spivak's ideas: 1. learning to unlearn, 2. learning to listen, 3. learning to learn, and 4. learning to reach out (or engage with the 'other') (Andreotti, 2007).

The impact of such changes may not have an impact on all students, but if a few are enlightened (like myself), the change would have been worthwhile and could perhaps act as an impetus for students to challenge the current inequalities in a small way in their own careers.

Sponsorships

Currently the Joint Venture offers a few scholarships to Foundation students, based on an essay which meets particular requirements and to students on the MMBBS 6 who achieve the highest academic, MMI and UKCAT scores. The aim of these scholarships is chiefly to encourage students to promote programmes in marketing campaigns. I would recommend that scholarships are offered to cover both tuition fees and living costs, specifically intended for high achieving students from poorer backgrounds who cannot afford to finance such an education. Again, this suggestion does not address the underlying issues which have been discussed throughout the study, and there is little doubt that if such a scheme were to be implemented, it would be exploited as a publicity stunt for the Joint Venture to capitalise upon.

However, it would (on a miniscule scale) allow for a different type of student to access these programmes.

I am aware that these recommendations do not address the systemic and structural issues which are embedded in the historic legacy of colonialism and the collusion of the powerful nations which continue at present to dominate the world economically and politically. It is incredibly difficult to break the cycle which is currently in place, whereby the West is still viewed as superior and the desire to be educated and live in the West remains embedded within the psyche of the majority of the world's poorest populations. This perspective is not easy to change, especially when the media continues to be dominated by Western ideals and values, and the powerful nations of the West control the global governance mechanisms which dictate the educational policies and development of the poorer nations, with the aim of making these nations forever dependent on the West to provide higher education as well as other goods and services. It would require a significant upheaval in the mind-set of the world's population to revolutionise a system that is so deeply entrenched.

Value of the research

The study has been of particular personal benefit as it has given me a greater insight into the issues faced by Foundation students and has allowed me to examine ways in which to address them. Thus, on a practical level, there are a numbers of ways in which the programme can be enhanced, especially in ensuring that students have all the information they require before they decide to join the programme, as well as highlighting the importance of self-study, self-determination and personal dedication in all aspects of their academic career. More broadly, a greater understanding of postcolonial theory and the neoimperialistic strategies of current global governance has opened up for me a new and different way of understanding and making sense of the world and, for this reason, the study has been of immense personal value.

On a more general level, the study suggests that the inequalities perpetuated by Medicine (both Foundation and undergraduate) programmes intended for only international students should be more broadly recognised by all medical schools delivering such programmes. The study also highlights the need for medical schools to develop a coherent definition of what is meant by the internationalisation of medical education and a better understanding of its fundamental tenets. More specifically, therein, they need to consider ways in which their curriculum can critically explore and challenge the economic, social and health inequalities perpetuated by the legacy of colonisation and the neoimperialism of today.

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