



International solidarity: medical school collaborations during the COVID-19 pandemic

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For a number of years, University College London Medical School (UCLMS) has been engaged in academic collaborations with new and existing medical schools around the world to help develop and transform their medical education programmes. These collaborations vary in their setting, scale and scope, but all share an underlying mission of co-creating high-quality, sustainable and locally customised education programmes. Typically, the collaborations extend over a number of years and include support in a variety of academic and

organisational domains. The COVID-19 pandemic has had a dramatic impact on all aspects of medical education, and these academic collaborations have, unsurprisingly, been particularly affected.

Much of the rhetoric about the COVID-19 pandemic has focused on racialised and discriminatory governmental and organisational responses, xenophobia and isolationism.¹ There has, for example, been much debate about global access to personal protective equipment, treatments and, when they

become available, vaccinations.² Some commentators have even suggested that it may represent the final nail in the coffin of globalisation.³ The decision of the US administration to halt funding to the World Health Organization is a fitting example of such trends.⁴ Our experiences of international collaboration as faculty members at UCLMS run counter to this, however, and are considered in this article.

First, and crucially, the inherently global nature of the pandemic has meant that all of our collaborating medical schools

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have been affected, and there has therefore been a mutual understanding of the collective challenges that we are all facing. Much of the activity associated with the collaboration is desk based, including reviewing the curriculum and assessment materials, and has thus been able to continue despite widespread moves to remote working and interruptions to international travel. There has been a mutual understanding that as clinical academics have moved to front-line roles, and other workloads have increased, more flexible timelines for collaboration-related work have been required. As our collaboration projects have always included virtual engagement activities through telephone and video meetings, these have continued, and in some cases, increased in order to facilitate rapid communication and replace activities that may otherwise have taken place during face-to-face visits.

Second, the quantity, nature and speed of advice and resource sharing have increased. Rapidly changing government laws and guidelines have meant that ordinarily unmovable university regulations have had to be rewritten in days, and exceptional policies have had to be developed quickly. As well as providing alternative learning experiences for students due to be in clinical placements,

another key area of challenge has been assessment and student progression. Given the professional regulatory requirements governing medical education, this has been a particularly important area. As we have made unprecedented changes to our assessments at UCLMS, including 'open book' assessments, timed virtual online assessments and even virtual practical examinations, we have shared our learning and resources with our collaborating institutions who are similarly making time-pressured and critical decisions in the context of their own regulatory and institutional settings.

Third, the close relationships that have characterised our collaborations, and have often developed over many years, have been important sources of personal and professional support through these challenging times. Home working has meant that video meetings have become the norm, providing rare glimpses into individuals' home and personal lives. The shared social challenges of lockdown and shared single, unified, global 'enemy' of the same virus and disease are also palpable. When facing difficult decisions in such uncertain times, being able to exchange ideas and plans with colleagues who have been known and trusted for many years seems to be highly valued by all involved.

COVID-19 has triggered a new normal in many aspects of life. Medical educators are rapidly making adjustments in the face of remarkably similar challenges around the world. Although travel disruptions may make the world feel like a bigger place, it doesn't necessarily need to be a less neighbourly one. In the same way that policymakers, clinicians and researchers from around the world must work together to optimise the public health response to managing the pandemic, so too should medical educators adopt an outward and collaborative outlook. Current and future challenges to clinical education require disruptive thinking and international collaboration is an important ingredient to produce results that can benefit all.

REFERENCES

1. Devakumar D, Shannon G, Bhopal SS, Abubakar I. Racism and discrimination in COVID-19 responses. *Lancet* 2020;**395**(10231):1194.
2. Hopman J, Allegranzi B, Mehtar S. Managing COVID-19 in low-and middle-income countries. *JAMA* 2020;**323**(16):1549–1550.
3. Sułkowski Ł. Covid-19 pandemic; recession, virtual revolution leading to de-globalization? *Journal of Intercultural Management* 2020;**12**(1):1–11.
4. Mahase E. Covid-19: Trump halts WHO funding in move labelled "petulant" and "short sighted". *BMJ* 2020;**369**:m1502.

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