

Concept note on global university

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Preamble

A hundred years after the first heart surgery, less than 15% of the world's population can afford it. In fact less than 15-20% of the world's population can afford any surgeries of the heart, brain, cancer or joints. The procedures on human body require skill and certification, which are provided by medical, nursing and paramedical schools. Such institutions are very few across the world, especially in developing countries and are very tightly regulated in the name of quality.

The developing countries can dissociate healthcare from affluence. We can prove to the developed countries that wealth of a nation has very little to do with the quality of healthcare citizens can enjoy.

How to accomplish this?

We have to build medical, nursing and paramedical schools across the developing countries, which are recognized by a virtual Global University. Quality of healthcare delivered in any country is directly proportional to the quality and the number of skilled manpower available. Any country that has very little skilled manpower cannot have good quality healthcare unless they are extremely rich like some of the Middle Eastern countries, which can afford the exorbitant price required to import manpower. Cuba, with the highest doctor patient ratio, has proved that the best indicator of healthcare can be achieved by opening the medical, nursing and paramedical education and producing surplus manpower which can take care of the needs of Cuba and its surrounding countries. The skilled manpower employed outside Cuba also earns additional foreign exchange revenue.

Why create a "global medical university"? why not help the existing universities across developing countries?

The major hurdle to train medical manpower across the world is the attitude of the guild of professionals who like to keep the shortage to protect their income and importance. Elected professionals control all the professional bodies in the world. Their mandate is to protect the interest of their profession, which may not necessarily translate into the interest of the citizens.

Creating a university by any government is an expensive affair. It requires building, huge manpower, skilled people to occupy responsible positions, very sophisticated infrastructure to create curriculum, conduct examination and other requirements of a university. All the states in India do not have medical universities.

Medical professionals and the organizations regulating medical education control these universities. Starting innovative courses in medical education or increasing the number of colleges is extremely hard. I experienced this difficulty when I was one of the Governors of Medical Council of India, the apex body regulating medical education in India.

How to create the global medical university?

Global university can be created just like the way United Nations (UN) was created by all the countries coming together and getting represented equally.

We have already started discussions with some of the reputed universities like Maastricht University in Europe and University of Minnesota, which are keen to assist the concept. We do not need massive buildings and hundreds of people to run Global University. If GMAT exam can be conducted in over 150 countries without any big infrastructure, everything in distance education is possible. First, we need to identify the stalwarts of medical education from USA, Europe.

Asia, Africa and Latin America. They should be the true visionaries who are very progressive. They would write the curriculum and syllabus for the medical, nursing and paramedical education. For initial convenience we should start medical and nursing education in few desperate countries and paramedical education courses in all developing countries. With medical and nursing education being a lucrative business across the world, a lot of vested interests may try to sabotage the programme. If you look at the US bureau of labor statistics, out of the 20 fastest growing occupations in US, 15 are in healthcare. Unfortunately, none of the 15 training programmes exist in India. Medical doctors do not want to train anyone other than a medical graduate to touch the patients so that their importance and income are secured. Governments across the developing countries are desperate to start paramedical education. This can significantly help reduce the mortality and morbidity in delivering healthcare by becoming very good assistants to doctors and nurses. Creating a Global Paramedical University will teach us how to bring all the developing countries together, create a curriculum, conduct training programmes across the globe and nullify negative forces.

In the US, almost all the surgeons have a Physician Assistant (PA) who helps them with their outpatients, prepares the patients for surgery, assists them in operation, closes the chest or abdomen after the surgery and takes care of the patients in the ICU. They can significantly reduce the morbidity and mortality following any procedure in any hospital across the world as US experience proves.

Unfortunately, such a training programme is virtually non-existent in India. Proposal from any neutral body representing few countries to set up a Global Paramedical University will have acceptance from the government because there will not be a competing body.

Where does the training programme happen?

Any large hospital in Asia, Africa and Latin America can be a centre for training medical, nursing and paramedical skilled manpower. We only need 200 to 300 beds and faculty members who are involved in patient care as the teachers. Training programme curriculum should be focusing primarily on skill building and development. These hospitals need not have a dedicated building or expensive manpower. A sophisticated computer network with connectivity helps every student to take an online exam any time. The performance of teachers and students are graded simultaneously by the student's performance in examinations. Global University will have a track of performance of every global medical school across the world.

How will the global university be different from the regular medical university offering similar programme?

Unfortunately, universities across the world give knowledge but not the relevant skill. When a nurse who has graduated in nursing after four years is put in front of a patient on ventilator in an ICU, she is completely lost because of a lack of exposure to a patient in the ICU while in nursing school. Universities across the world give theoretical knowledge but not the practical skill. A curriculum in traditional university to train to a bus driver may have 500 pages educating the potential driver about the engine, ignition system, aerodynamics of the bus etc. But they will never put the student on a driver's seat and teach him to drive the bus. Whereas a driving school will put him on driver's seat and teach him to drive safely without the technical knowledge. This crude analogy emphasizes our suggestion to train people with great skills and above average knowledge.

How do we proceed further?

Any large globally reputed charitable organization can be the sponsor of global university. We can tie up with the likes of Maastricht University, University of Minnesota, or any of the British universities.

The curriculum should be 80% standardized and 20% locally dependent to cater to the needs of the local population. We invite applications from large hospitals from Asia, Africa and Latin America to become medical schools with an annual intake of just 30 or 50 students. These students are chosen through the online entrance exam conducted by the global university (similar to the GMAT exam conducted by the U.S. Universities). First 2 years students will work as student nurses working in the ward for 6 hours followed by discussion with the teachers for two hours daily. They can attend theory classes through pre recorded on line lectures from the best teachers of the world. Duration and teaching material is similar to the best of existing MBBS courses from USA and Europe. However the duration of class room lectures are converted into hands on patient care. This is possible today due to online teaching materials and technology. In the process doctors graduating from global university are extremely skilled and competent to treat any medical condition compared to the traditional medical graduates who spent most of the time in class rooms and libraries. If you consider time taken in patient care as the criteria to assess the depth of training, graduates from the global university will be miles ahead.

How do we get the certification from global medical university accredited by various countries?

Once we identify the sponsor, we will approach various governments of Asia, Africa and Latin America to recognize the degrees from the Global Medical University in their countries. That enables the graduate from global university to practice medicine in the respective countries legally. The licensing can be done by adding their name to the list of certified medical or paramedical professionals along with the jobs they are trained and licensed to do. With a standard format, almost all the governments across the world would accept the proposal. Let us not include USA, Europe and Japan which presently do not require additional help.

Do we need any other bodies to work with?

We need one anchor sponsor to initiate the process. However, we need the blessings from WHO, World Bank, IMF and other agencies that finance healthcare initiatives across the world. Once they support

Global medical University, they can also set a pre-condition of recognizing Global University to countries seeking grants and soft loans.

What will be the impact of the global university?

Skilled manpower is in great shortage across the world. If you look at the process of delivering healthcare, finding skilled manpower constitutes more than 80% of the problem. People with skills will invariably find ways and means to offer their services by working with local bodies, governments and anyone who can help them. This is the only way skilled workers can earn their living, build reputation and develop stature. Consider the example of building railroads in the last century. Once there is a railroad, materials, population, communication and economy thrive along. Building skilled manpower through Global University is exactly like building the railroad. Once you have skilled manpower, you can deliver medicine, perform procedures, carryout immunization procedures and monitor every aspect of healthcare remotely because of the knowledge workforce.

Ultimately, delivering healthcare is not about building hospitals, buying medical equipments or developing new medicines but building manpower that can use the machines, use the hospital and dispense the medicine. Unless skilled manpower is trained in the developing countries, no matter what developments we make, the healing process will not reach the people.

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