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Challenging the ordinary: A healthcare education partnership between universities in the UK and Egypt

Lamiaa Mohsen¹, Marwa Shabrawy¹, Waleed Hassan¹, Zakia Arfeen² & Mohammed Ahmed Rashid²

¹School of Medicine, Newgiza University, Cairo, Egypt; ²UCL Medical School, Faculty of Medical Sciences, University College London, London, United Kingdom

Abstract

Introduction: In 2016, a new university opened in Egypt that sought to ‘challenge the ordinary’ in a country with a long and rich heritage of knowledge production. Newgiza University (NGU), located adjacent to the ancient pyramids of Giza outside Cairo, launched with a foundational focus on health sciences, through undergraduate courses in medicine, dentistry, and pharmacy. Each programme was co-developed through an academic collaboration with University College London (UCL), a high-ranking, research-intensive, UK university.

Methods: As the collaboration passes a key juncture of graduating the first cohorts of doctors, dentists, and pharmacists from these courses who embark on their professional careers, we examine and reflect on the journey to date. In particular, this article reviews the growing academic literature about international partnerships in medical education, describes how curricula, assessments, and management structures in the three NGU healthcare courses were adapted and finessed to fit the Egyptian context, and shares the lessons learnt by the academic leadership teams responsible for this challenging but stimulating collaboration project.

Results: The collaboration between NGU and UCL is an example of an international education partnership approach that seems to be growing in popularity globally. The overriding importance of building trust and respect between partners was clear in this collaboration, as was the need for clear communication channels to guide the necessarily complex decision-making that underpinned it.

Conclusion: Given inevitable power imbalances in such collaborations, critical examinations of their impacts on organisations, staff, and students are an important research priority in the future.

Practice Highlights

- International education partnerships are growing in popularity and there is a growing academic literature exploring different collaboration models.
- Co-development of healthcare professions education curricula across national borders requires attention to relational factors including trust and respect.
- Power differentials make it crucial to evaluate such partnerships using a critical lens.

I. INTRODUCTION

Egypt has a long and rich intellectual and cultural heritage dating back millennia. In the last century, Egyptian higher education sector has been shaped both by globalisation and a series of governmental policies (Reid, 2002). Against this backdrop, a new university was conceptualised that would ‘challenge the ordinary’

by creating a diverse community of staff and students to spearhead academic and scientific advancement in Egypt and beyond. Endorsed by Presidential Decree as a non-profit, private university in April 2010, Newgiza University (NGU) officially opened in 2016 with an initial focus on healthcare sciences, launching schools in Medicine, Dentistry, and Pharmacy.

As part of its mission to create an exciting learning environment that is filled with energy, talent, and cultural diversity to redefine the future of Egypt, NGU had a strategic objective to partner with a leading overseas university with a strong track-record in health professions education (HPE) to co-develop these new programmes. After briefly considering the literature on international education partnerships, this article will describe the experiences of an academic collaboration between NGU and University College London (UCL) to co-develop new undergraduate programmes in Medicine, Dentistry, and Pharmacy, that graduated their first cohorts in early 2023.

An emerging phenomenon in recent decades has been the delivery of curricula outside of the country in which they were developed. A variety of terms have been used to describe such arrangements, including ‘offshore education’, ‘transnational education’, and ‘crossborder curriculum partnerships’. The purpose of these partnerships is to provide comparable educational experiences in both institutions and can be attractive for students who are seeking a foreign qualification but do not wish to move overseas.

A literature review on international curriculum partnerships noted that almost all identified articles were about early-stage developments, reflecting that this is a growing and evolving topic (Waterval et al., 2015). It found that the most common reason for partnerships to deteriorate is mistrust and ‘disturbed relationships’, going on to conclude that there are no quick fixes to resolve cultural differences and that personal collaborations at all levels should be prioritised. As was noted in a subsequent systematic review, the academic literature is currently dominated by single case studies and there are many possible directions for future research (Kosmützky et al., 2016). Within HPE, Hodges et al. (2009) observed the growing trend of international education partnerships within a rapidly evolving globalisation discourse within the field more broadly. A later study that focussed on challenges and solutions in the context of international education partnerships in medicine suggested that there are both financial and academic advantages to both institutions (Waterval et al., 2016).

II. METHODS

From its inception, the stated vision of NGU has been to establish healthcare programmes that inspire and educate a new generation of clinicians by moving away from structures and practices of traditional universities in the region that limit effective learning. The NGU leadership team sought to reduce class sizes, focus on innovation and leadership, and move away from didactic and

theoretical teaching, and towards a more patient-centred and practice-focused model of education. University College London (UCL) is based in the heart of London in the UK and is consistently ranked as one of the world’s best universities. It has schools of medicine, dentistry, and pharmacy, which each focuses on providing integrated and patient-focused education.

The underlying ethos of this collaboration has been of respectful co-development, with each team mindful of what they bring ‘to the table’ by way of expertise and experience. As such, a paradoxical success of this collaboration has been that it has shrunk and scaled back since the outset, as NGU academic, managerial, and administrative teams have taken on increasing levels of independent responsibility and their counterpart UCL teams have evolved to play roles of advisor and mentor accordingly. Although UCL curricula, assessments, and policies have been the basis for the corresponding NGU programmes in each of the three disciplines, these have gradually been adapted and contextualised to fit with the vision and operating environment of NGU.

The collaboration was structured around a three-phase approach. Phase one involved an exercise to clarify the vision and high-level structure for the three programmes and agree the legal and academic basis for the collaboration project. Phase two involved the detailed co-design and implementation of curricula and assessments across the three programmes to support their launch and delivery. Phase three, which is currently in progress, involves the ongoing operationalisation and continuous improvement of the programmes and the further development of the schools in other domains, including postgraduate education and research. These three phases are underpinned by a service contract between the two universities that takes the shape of work packages, which set the parameters and arrangements for each aspect of the collaboration.

III. RESULTS

Although geopolitical unrest was identified as a risk by both parties at the outset, this has not affected the project thus far. Instead, it has been a pandemic, COVID-19, that has proved to be the greatest disruption. Restrictions to air travel and international movement meant that for almost two years, the UCL-NGU collaboration shifted to an entirely virtual format.

This period of physical distance between the respective teams illuminated the importance of in-person visits. Seeing each other’s campuses and witnessing the contexts in which the two universities function was undoubtedly an important part of strengthening the relationship. That the project had been established for four years at the time of the onset of the pandemic meant

that this was fortunately already well developed. As well as the important contextual understanding that these visits provided, it also allowed teams to socialise together and rich conversations over coffee breaks and meals often blurred the boundaries between professional and personal relationships. Indeed, close relationships between NGU and UCL counterparts was central to the success of the collaboration.

A particularly intellectually engaging aspect of this collaboration has been the adaptation of curricula content for a context that differs in social, political, cultural, epidemiological, and clinical domains. Whilst many scientific and technical aspects of HPE curricula seemingly transfer across countries readily, collaborators on both sides were surprised by the extent to which they required modification. For example, the many epidemiological and health system differences between the UK and Egypt meant there were important differences in disease patterns, drug availability, and technical equipment that need to be reflected in curricula to prepare students adequately for clinical practice. Likewise, significant areas of each curricula focus on topics linked to professional practice, including communication, healthcare ethics and law, and patient safety and clinical governance. These topic areas required significant adaptation to align with Egyptian legal and social practices, often prompting stimulating discussions and several iterative stages of development to contextualise individual teaching resources.

As well as drawing on UCL curricula structure and teaching resources to establish the new courses across the three healthcare schools, NGU also utilised UCL assessment policies and items to develop NGU assessments in each of the schools. There were, though, important adaptations. For example, the regulatory context in Egyptian higher education meant that a greater proportion of assessment weighting had to be given to ‘in semester’ assessment, necessitating a shift in emphasis from the UCL approach. Rather than using UCL assessment items directly in summative exams, the approach from the NGU schools was instead to use these to help their own faculty recognise the characteristics of high-quality items as they developed their own items. This was supplemented by many assessment writing workshops, which were often cross-disciplinary in the early phases of the collaboration as each faculty grew in size. Assessment tools used at UCL, including objective structured clinical examinations and workplace-based assessments, are not widely used in undergraduate education in Egypt and took time to embed.

One of the benefits of designing three undergraduate healthcare programmes together, launching simultaneously on a purpose-built modern campus, was the opportunity to maximise interprofessional education opportunities. This was realised through an ambitious introductory module for students from all three programmes. Not only did this provide an opportunity for students from all three NGU healthcare courses to learn together and from each other, it also embedded an inter-disciplinary approach across the three NGU schools, with faculty members from different schools often co-leading particular sessions or components of the module. On top of these benefits, it also enabled the three UCL schools to work much more closely and ensure alignment across all of their approaches. This interprofessional collaboration helped to foster closer working between schools at both NGU and UCL in other domains, which was an unexpected but pleasing consequence of this collaboration.

IV. DISCUSSION

A striking finding for teams from both universities was the central importance of human and relational factors to the collaboration. The formation of a new university creates distinct requirements in terms of leadership and culture, which can be challenging for any education leader or team. The additional layer of complexity of managing an international partner heightens this challenge, and meant the NGU leadership teams had to manage many more stakeholders than one might ordinarily have to contend with. This was especially so given the history and prestige associated with UCL, being from a high-income country with a reputation for academic excellence. The history of the UK as a former colonising country and Egypt as a former colonised country can also not be ignored. Together, these power imbalances and perceived knowledge hierarchies inevitably created a context that can easily slip to being unequal and exploitative.

By recognising the tensions faced by the NGU leadership and the potentially problematic power structures inherent to this collaboration, the teams in this collaboration acutely recognised the need for flexibility and understanding. The principle of respect and friendship was of overriding importance as it framed this collaboration not as one underpinned by ‘neutrality’, as such a thing does not exist, but rather through an outlook of deeply caring about the experiences and success of your partner team. Throughout the operational and academic aspects of the collaboration, this overriding focus on co-development and respect allowed both partners to ensure they were holding themselves and one another to account for the sake of the project mission.

Another crucial area of learning for both teams has been a sense of regret at the lack of formal scholarship and research that has been embedded in this collaboration. From the outset, the unwavering focus has been to help NGU achieve high-quality education programmes and to ensure that NGU students have an excellent student experience. This relentless focus on educational delivery, assessment, and quality management of the programmes left little time to focus on scholarship, despite a clear desire from both sides to do so. In particular, both teams recognise the many avenues of research that could have been explored through the collaboration thus far, including psychometric analyses comparing assessment performance between NGU and UCL cohorts all the way through to in-depth work using theories that help understand the complex relational factors through lenses of power and globalisation, and much between. Fortunately, this has become a priority as the collaboration moves to its next stage.

V. CONCLUSION

As the first student cohorts from its three healthcare courses graduate, NGU will enter a new stage of its development, and plans are underway to extend and deepen the collaboration with UCL across these schools. This article has summarised the dearth of academic literature on international partnerships in HPE and juxtaposed this with a complex and rich story that highlights the many different insights that can emerge from a single multi-professional collaboration. In our increasingly globalised world, the cross-cultural and relational issues raised through these partnerships have the potential to have wide-ranging and beneficial findings that extend beyond those communities working specifically on international partnerships. The importance of embedding scholarship into international HPE collaborations is clear to the academic teams on both sides of the UCL-NGU collaboration. As we plan for this in the next stages of our work together, we encourage others involved in international education partnerships to do the same and contribute to a scholarly area of growing importance in the field.

Notes on Contributors

LM led the collaboration on behalf of the NGU school of medicine, conceptualised the study, analysed the literature, and co-wrote the manuscript.

MS co-ordinated the collaboration on behalf of NGU, conceptualised the study, and developed the manuscript. WH managed the collaboration on behalf of the NGU school of medicine, conceptualised the study, and developed the manuscript.

ZA co-ordinated the collaboration on behalf of UCL medical school, conceptualised the study, and developed the manuscript.

MAR led the collaboration on behalf of UCL medical school, reviewed the literature, conceptualised the study, and co-wrote the manuscript.

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Declaration of Interest

All authors were engaged in the academic collaboration described in this article.

References

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- Hodges, B. D., Maniate, J. M., Martimianakis, M. A., Alsuwaidan, M., & Segouin, C. (2009). Cracks and crevices: Globalization discourse and medical education. *Medical teacher*, 31(10), 910-917.
- Kosmützky, A., & Putty, R. (2016). Transcending borders and traversing boundaries: A systematic review of the literature on transnational, offshore, cross-border, and borderless higher education. *Journal of Studies in International Education*, 20(1), 8-33.
- Reid, D. M. (2002). *Cairo University and the making of modern Egypt (Vol. 23)*. Cambridge University Press.
- Waternal, D. G., Frambach, J. M., Driessen, E. W., & Scherpbier, A. J. (2015). Copy but not paste: A literature review of crossborder curriculum partnerships. *Journal of Studies in International Education*, 19(1), 65-85.
- Waternal, D. G., Frambach, J. M., Oudkerk Pool, A., Driessen, E. W., & Scherpbier, A. J. (2016). An exploration of crossborder medical curriculum partnerships: Balancing curriculum equivalence and local adaptation. *Medical teacher*, 38(3), 255-262.

*Mohammed Ahmed Rashid
University College London,
Gower Street, London,
WC1E 6AE, United Kingdom
Email: ahmed.rashid@ucl.ac.uk