‘Being international is always a good thing’: A multicentre interview study on ethics in international medical education

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Abstract

Context: Internationalisation in medical education raises ethical concerns over, for instance, its for-profit orientation, the potential erosion of cultural diversity and the possibility that standardised education may not meet the needs of patients everywhere. These concerns fit into a broader debate on social responsibility in higher education. This study aims to explore how academic staff in international medical education experience and act upon the ethical concerns that pertain to their programmes. By adding their perspectives to the debate, this study helps us understand how theory-based ethical concerns are reflected in practice.

Methods: We conducted a multicentre instrumental case study across three international medical programmes, all of which were characterised by an international student intake, an internationalised curriculum and international partnerships, and all of which used English as the medium of instruction. We conducted 24 semi-structured interviews with purposively sampled curriculum directors and teaching staff. Participants shared their personal experiences and responded to ethical concerns expressed in the literature. Our multidisciplinary team performed a template analysis of the data based on theoretical frameworks of ethics and social responsibility.

Results: Participants primarily experienced the internationalisation of their institutions and programmes as having a positive impact on students, the university and the future global society. However, they did face several ethical dilemmas. The first of these involved the possibility that marketisation through international recruitment and the application of substantial tuition fees might widen access to medical education, but might allow weaker students to enter medical schools. The second concern referred to the homogenisation of education methods and content, which offers opportunities to expose students to best practices, but may also pose a risk to education quality. The third issue referred to the experience that although student diversity helped to promote intercultural learning, it also jeopardised student well-being.

Conclusions: In the eyes of teaching staff in international medical education, internationalisation can benefit education quality and society, but poses ethical dilemmas through the forces of marketisation, homogenisation and diversification. The findings reflect a tension between the views of scholars and those of practitioners. The critical perspective found in academic debates is largely missing in practice, and theoretical frameworks on ethics possibly overlook the benefits of international education. To facilitate ethical decision making, we propose that scholars and practitioners globally try to learn from each other.
1 | INTRODUCTION

Internationalisation efforts in higher education have raised several ethical questions and concerns.\textsuperscript{1} Examples of such internationalisation practices common in medical education are international electives and global health education.\textsuperscript{2} Other more substantial developments include the establishment of cross-border curricular partnerships\textsuperscript{3} and the rapidly growing phenomenon of international medical programmes with curricula that specifically prepare international students for global medical practice.\textsuperscript{4} Although such developments are increasingly prevalent and are considered beneficial in terms of the sharing of international curriculum content, exposure to different health care systems and the addition of diversity into the student learning environment,\textsuperscript{5,6} they have frequently been criticised in academic debates on ethical grounds. The term ‘ethical’ refers to ‘principles of what is morally right and wrong’\textsuperscript{7} for individuals and society, a concept that is complex on several levels: what is ‘right’ reflects values and opinions that may differ between individuals, and what is right for one stakeholder may not always be right for all.

Three ethical concerns continue to surface in debates on internationalisation. The first is that, as a consequence of globalisation, higher education is increasingly perceived as a commodity rather than as a public good.\textsuperscript{8} Indeed, financial arguments are an important rationale for the internationalisation of higher education,\textsuperscript{9} as the high tuition fees required of international students illustrate.\textsuperscript{10} Critics argue that when education relies on market forces, the quality of education and the interests of society that universities traditionally serve will be compromised.\textsuperscript{8,11} The second concern is that internationalisation may erode cultural diversity as a result of unequal power relations that lead to cultural hegemony.\textsuperscript{12} Current global standards for education are largely derived from the norms and traditions of Western countries.\textsuperscript{13,14} Consequently, critics have questioned the suitability of using Western teaching methods and English as a language of instruction across all contexts.\textsuperscript{15,16} Thirdly, critics fear that standardised curricula, which are often an implicit or explicit objective of internationalisation efforts,\textsuperscript{14,17} fail to address the specific, local needs of students in the countries hosting the students and subsequently the graduates. They question whether a ‘standard’ medical graduate can practise successfully anywhere.\textsuperscript{13,18} These concerns explain the call for more appropriate curricula in international medical education,\textsuperscript{19,20} which reflects ongoing efforts in many medical schools towards social accountability.\textsuperscript{21,22}

These and other ethical concerns are commonly found in scientific as well as in public debates.\textsuperscript{23} In this discourse, however, the perspective of teaching staff on what is morally right in the internationalisation of medical education has received little attention, despite the fact that they are key players whose decisions in their daily practice affect individuals and society. Although previous studies have confirmed that teachers recognise the importance of social accountability,\textsuperscript{24,25} they have not explored whether and how teachers in international medical education are confronted with and act upon ethical concerns and dilemmas when organising, designing and implementing education. Therefore, in order to grasp the complexity of this debate and to obtain a comprehensive picture of the issues it concerns, it is imperative that we include teachers’ perspectives.

The ethics of the internationalisation of medical education fit into a broader societal and academic debate on sustainability and social responsibility in higher education. The need to help teaching staff and others make decisions about the ethical dilemmas they may face led to the introduction of two frameworks: the Education for Sustainable Development (ESD) framework, and the University Social Responsibility (USR) framework. The former was developed in the 1970s and has been promoted since through United Nations platforms such as the United Nations Educational, Scientific and Cultural Organization (UNESCO), currently in the context of the sustainable development goals.\textsuperscript{26} Focusing on the environment, society and economy, the ESD framework encourages the avoidance of harmful education practices including commercialisation, and values diversity and reciprocity in cross-border collaborations.\textsuperscript{26} The USR framework arose in Latin America in response to the concept of corporate social responsibility (CSR) in commercial fields.\textsuperscript{27} It suggests that being socially responsible goes beyond ‘doing good’ and promotes the strategic planning of universities’ impact on their internal organisation, the design and delivery of education, the broader research agenda and societal development.\textsuperscript{28}

In this study, we have combined the principles of these frameworks with a dictionary definition of ethics\textsuperscript{2} to operationalise the ethical internationalisation of medical education as ‘making choices at the levels of organisation, education, research and society that are sustainable and morally right for individuals and society.’ Our goal was to study if and how teachers experience the ethical dilemmas reported in the literature in order to understand their relevance to daily education practice. To this end, we explored the perspectives and experiences of programme directors and teachers of international medical programmes in three countries. Our research question was: How do academic staff in international medical education experience and act upon the ethical concerns surrounding their programmes?

2 | METHODS

This study was part of a larger, multicentre, instrumental case study into the phenomenon of international medical programmes. In an earlier paper, we presented the challenges and strategies in curriculum design for these programmes.\textsuperscript{29} The present study focused on the ethical dilemmas that confront the staff of international medical programmes.

2.1 | Research setting

We conducted this study in three universities in Hungary, Malaysia and the Netherlands, respectively, that offer international medical programmes. We chose these programmes because of the multidimensionality of their internationalisation policies: they all had
an international student intake, an internationalised curriculum and international partnerships, and used English as the medium of instruction. After an online search and document analysis, we purposively selected these schools from over 200 medical schools with international programmes globally, employing maximum variation sampling in geographic location, programme age, student nationality, curriculum structure and teaching methods (Table 1).

2.2 | Participants and sampling

We recruited participants from amongst academic staff involved in the development and delivery of curriculum materials for the international medical programmes in their respective institutions. We purposively sampled key informants amongst curriculum coordinators and lecturers, ensuring diversity in years of experience, disciplinary background and views of the programme (supportive/opposing). Local co-researchers invited potential candidates to participate by email. Altogether, 45 staff members were invited across the three institutions, of whom 34 agreed to participate in an interview. Those who did not accept cited international travel as the reason, except one person who opted out without stating a reason. Because of logistics (a short time frame during which the first author (EB) visited each site to conduct face to face interviews), not all of the potential interviewees who had agreed to take part were scheduled for interviews. In total, 24 key informants, with 2-26 years of experience, participated in this study. Of these, 17 participants combined teaching with curriculum design and seven had curriculum leadership roles.

2.3 | Data collection

One researcher (EB) conducted face to face, semi-structured interviews with all participants and was assisted by a local co-researcher in the contexts with which she was not familiar. We chose interviews as they allowed us to explore participants’ personal experiences, as well as to probe into more theoretical themes. As part of the larger case study, the interview guide included questions not only about ethical concerns, but also about interviewees’ experiences with the programme’s vision and challenges in curriculum design and implementation. The interviews then continued with questions about the interviewee’s perspective on the moral rightness of international education in general (‘Do you think this type of international medical education is a good thing? Why?’) and on whether they encountered any ethical concerns or discussions in their work, amongst colleagues, students or others. Thereafter, the researcher asked participants to respond to a number of potential ethical concerns raised in the literature. The list of probes referred to: relevance to local communities globally; education quality; student well-being; social accountability, and the homogenisation of education. Interviews lasted between 45 and 75 minutes and were audi-taped and transcribed verbatim.

2.4 | Data analysis

For this study we performed a template analysis as it allowed us to define themes in advance, based on our theoretical framework. Our template included a priori themes drawn from the literature and the ESD and USR frameworks that, together with our definition of ethical internationalisation, served as lenses through which we considered the data. The template took further shape during the coding process. Two researchers (EB and a research assistant at each of the three institutions) fully and independently coded the first three interviews in each setting and together discussed ethical issues and related themes that emerged. They then modified and discussed the template until they agreed on the level of

| Institutional | Programme start date | Student intake/year | Student nationality | Curriculum structure, language and teaching methods |
|---------------|----------------------|---------------------|---------------------|--------------------------------------------------|
| University of Pécs, Pécs, Hungary | 1984 | 180 | No Hungarian; 50% European, 50% other | 6-year MD programme in English (patient contact in Hungarian) in parallel with Hungarian programme; lecture- and subject-based |
| International Medical University, Kuala Lumpur, Malaysia | 1993 | 2 x 100 | c. 70% Malaysian, 30% other (mostly Southeast Asian) | First 2.5 years in Malaysia, then either transfer to partner medical school abroad for MD degree (UK, Australia, Ireland, Canada) or stay in Malaysia for MBBS track; mixed teaching methods, integrated |
| Maastricht University, Maastricht, the Netherlands | 2009 | 60 | c. 30% Dutch, 30% European, 30% Middle Eastern, 10% other | 3-year BSc programme in English in parallel with Dutch programme, followed by 3-year MSc in English abroad or in Dutch in the Netherlands; problem-based learning, integrated |
detail and relevance of the themes. During further coding, the team met several times to reach agreement on data interpretation, additional themes and possible relationships amongst them. The final template took shape when 16 interviews had been coded and was applied to the remaining eight interviews before further interpretation led to the comprehensive results presented below. As a method of member checking, we obtained feedback from participants on the summaries of data interpretation per institution, which did not lead to adjustments.

2.5 | Research team and reflexivity

The research team varied in terms of geographic and disciplinary perspectives. EB, JF and ED are education researchers and teach in various international programmes at Maastricht University. EB is a medical doctor, JF has a background in the social sciences and ED works in education sciences. KS, who has a background in linguistics, works at the University of Pécs as alumni coordinator and researcher. VDN was trained in biochemistry and education sciences and is currently the dean for teaching and learning at the International Medical University. Throughout the study, the team members have been aware that their backgrounds shaped their assumptions and the research itself. To help balance all these perspectives, all team members (EB, JF, KS, VND and ED) provided continuous input.

2.6 | Ethical approval

We obtained ethical approval at all institutions. All participants gave informed consent and were able to withdraw from the study at any time. Participants did not receive any financial compensation for participation, but were given a small token of gratitude. The study did not include personal data. However, to avoid the possibility that any information might be traced back to a participant, their names were coded by the primary researcher to protect their identity and integrity.

3 | RESULTS

During the interviews, participants described various experiences in their daily practice that made them consider the sustainability or ‘moral rightness’ of international medical education in terms of its organisation, teaching, research and societal impact. From our analysis, it became clear that participants generally disagreed with the ethical concerns voiced in the literature and embraced internationalisation efforts with positivity. Although participants did not articulate them as such, during data interpretation we did identify a number of ethical concerns or dilemmas that confronted them. We will first describe participants’ general perspective and then present the three most important of the dilemmas that stood out. This perspective and the three dilemmas were identified in each of the three research contexts. A summary of the main dilemmas is presented in Table 2.

3.1 | Internationalisation: The morally right response to the changing world

The main narrative on ethics in our data was one of positivity: participants generally did not consider ethics or sustainability to be major sources of concern. More specifically, they did not feel that internationalisation in medical education had any negative effects and nor did they recognise the concerns found in the literature when probed. Instead, they stressed that their programmes had a positive impact on students, the university and society as a whole:

I think it is, on the whole, it is very positive. For several reasons. As I told you earlier, I’m convinced that this has improved the level of our teaching. Being international is always a good thing.

(P02)

Moreover, participants across all contexts considered internationalisation crucial in current and future medical education and to represent the right strategic and ethical choice in response to a globalising world:

The doctor of the future may work in [one country], but will always be dealing with a mixed patient population, because of travels, because of open borders, because of the changing economic situation. So we must educate the doctor of the future to have an open, international perspective.

(P02)

| Ethical concern          | Homogenisation of teaching methods and content | Marketisation of medical school access | Diversification of student population                          |
|--------------------------|-----------------------------------------------|--------------------------------------|----------------------------------------------------------------|
| Main positive narrative  | Offers exposure to best practices in education and health care | Widens access for students from countries with limited medical school capacity | Opportunity for intercultural learning                         |
| Ethical dilemma          | Education quality and teacher autonomy at risk as curriculum choices are guided by foreign regulatory bodies | Back door into medical education for students who were not selected in their home country | Student well-being at risk from stereotyping and discrimination by teaching staff |
You know, internationalisation cannot be avoided and was never avoided in the history.

(P15)

Hence, participants regarded internationalisation as an ethical goal in itself because it served institutions, students, future patients and science.

3.2 | Homogenisation: Exposure to best practices or compromising educational quality?

In addition, the trend towards ‘homogenisation’ by which teaching methods and content are adapted to global or ‘Western’ models was generally embraced with positivity, as most participants considered this an important strategy in international curriculum design. When probed, they did not recognise the potentially harmful consequences of the homogenisation of education voiced in scientific and online debates. Rather, they described such adaptations as representing a logical and good development in a globalising world, exposing students to the best education content and practices currently available:

We were looking carefully at the ‘big-bang’ assessments across the world ... What I usually do is to look at the recent questions which are coming out and then gauge the trend, what are they looking at? Because the students are being trained for two reasons. Number one: definitely for the practice and they need to be a good practitioner. And number two is ...: they are going to be global players. So they need to actually face different countries and different [types of] medical examination, licensing exams et cetera [and be] willing to be prepared in those [areas] as well.

(P25)

Some teachers even argued that the homogenisation of education was beneficial for patient communities globally because internationally trained doctors may be more aware of cultural and personal differences and able to spread ‘good practices.’ For instance, the participant below discusses patient-centredness in communication as such a good practice:

So we try to keep [our teaching] as Western as we can so we read a lot of the books that we get and we have a lot of influence, I guess, from [foreign] medical schools who gave us ideas on how we should do it the right way. And of course that made us reflect on our own practices locally, how we’ve taken for granted the way we communicate ... with our own patients ... So I guess for me as a teacher now, we want to make this better and we borrow, not borrow, I guess we’re following where we think good practices are and we take them. I hope it continues.

(P22)

Upon closer inspection of the data, however, we noticed that participants did experience certain negative consequences of education homogenisation, such as in student-patient and student-staff interactions in the English language:

I can tell from my own experience that the quality of the discussions ... falls far, far, far short of what it is in [native language] ... So that is painful.

(P07)

Additionally, several teachers mentioned that cross-border power relations influenced choices regarding education content or organisation, such as the development of additional skills courses to satisfy the expectations of foreign regulatory bodies. Because the quality of education or teacher autonomy seemed to be at risk, we conceptualised these remarks as indicating potential ethical problems in our analysis, although participants described these situations as logistic challenges rather than as ethical concerns.

In summary, participants essentially perceived homogenisation as providing opportunities for alignment with global developments that had mainly positive effects on education, students and societies.

3.3 | Marketisation: Widening access or opening a back door to medical education?

Concerns were more pronounced when it came to marketisation. Participants suspected or confirmed that financial arguments were a major reason behind the start of their international programmes. They experienced a tension around access and recruitment: although international education appeared to offer opportunities to train students from countries that have insufficient medical school capacity or quality, which some respondents considered a moral responsibility, participants also observed that weaker students who had not been selected in their own countries acquired places on their programmes:

Medical education ... requires specialised centres and although there are a lot of universities all around ... there are a lot of countries, regions that cannot provide or teach as many doctors as they [should]. So I think, I was just thinking of the economic market aspect of this question. To learn abroad, if I think it’s a good idea, well, yes.

(P13)

Despite the interviews sometimes we take dummies or people who don’t really want to study, they just want to get out of their country and live a better life, free from their parents and restrictions and so on.

(P14)
Moreover, in the context of ever-decreasing government provision of finance for higher education, some considered the income raised by the international medical programme to be crucial to the financial sustainability of the university as a whole, and hence felt this contributed to the public function of the institution by enabling all faculties and programmes to survive. For these reasons, participants experienced the marketisation of education as an ethical dilemma: they feared that it might provide a back door into medical education with potentially harmful consequences for graduate quality, but also valued the opportunity to widen access and offer financial sustainability.

3.4 | Diversification: Intercultural learning or student well-being at risk?

Many participants mentioned how they were required to design or deliver education for an increasingly diverse student population. The examples they gave to explain the diversity encountered in the classroom might be considered as stereotyping: 'Students from country X never ask questions' and 'Students from country Y always cheat.' We therefore flagged these experiences as representing ethical issues, although participants did not describe them as such. Only two participants, however, explicitly expressed this as a potential ethical concern because they feared discriminating when dealing with diversity in class or when designing education, such as when informing students about examination expectations:

However, what I see now, a problem, that when we give too much information, or when we give detailed information, [to] a very mixed population of our international programme, you may [inadvertently] select with this kind of information ... some populations which understand that and then others will feel that they are actually ignored. Because they just don’t understand that kind of communication.

(P10)

Another concern raised by several participants was that foreign students struggled to adapt to their new environment and teaching methods, which made them wonder whether their institutions did enough to meet these students’ needs:

The students too, who do break down many barriers, although we don’t always see that, it’s what they did. [...] You really do notice that they have made great strides considering where they came from. That’s not always acknowledged or still not enough. That causes some friction.

(P03)

Other participants, by contrast, shared the opinion that students should be responsible for their own adaptation:

First point, you are [here] now. Get it? [Our] rules you need to follow.

(P09)

It could be argued that such assumptions impair student well-being. Nevertheless, the majority of interviewees believed that the increased diversity of the student population was an asset to education quality and should be pursued because it allowed students to exchange experiences based on their diverse backgrounds:

But do not underestimate that you have an international student group, so they can exchange a lot between them. If you are open to that, if you instruct your tutor to [encourage] that. [...] So that alone will bring about change and international insights.

(P02)

To recap, although participants perceived student diversity as beneficial to the quality of education, they also described a risk to student well-being, albeit not always consciously.

4 | DISCUSSION

This study contributes to our understanding of academic staff’s perspectives on ethical concerns in the internationalisation of medical education and their related experiences in daily teaching practice. Teaching staff in international medical education generally embraced internationalisation with positivity, considering it an ethical strategy to widen access to medical education, but also believed it could pose a threat to physician and education quality by allowing weaker students to enter medical school. Second, they mainly perceived the homogenisation and global standardisation of education methods and content as representing an opportunity to expose students and patients to best practices in education and health care, although some believed this might compromise education quality. Third, increased student diversity was regarded as helping to promote intercultural learning, but was also seen as potentially jeopardising student well-being.

Considering this relatively optimistic view, the findings of this study reflect a tension between the views of scholars and those of practitioners. Based on this observation, we suggest that each party might learn from the other. Scholars, for instance, could gain by embracing two of Stier’s ideologies of internationalisation in higher education that we see reflected in our findings. The first ideology, ‘idealism’, is premised on the assumption that internationalisation is a means of creating a more democratic, fair and equal world.
participants, too, fully endorsed this potential and initially rejected any concerns. It is precisely this idealistic perspective that is being disputed in academic debates. The second ideology, ‘educationalism,’ presupposes that the focus of internationalisation should be the individual learner, who experiences personal growth through exposure to new perspectives. Again, we see traces of this ideology reflected in our participants, who believed that internationalisation afforded students the opportunity to learn by exposing them to best global practices and to cultural diversity. Scholars might revise their existing theoretical frameworks by redirecting attention towards the opportunities offered by internationalisation, especially to learners. The World Health Organization’s social accountability framework represents an excellent example because it highlights the role of medical education in training doctors to become advocates of individual, public and global health. If critics try to find common ground by connecting with the practical reality, their ideas may be better received in practice.

In a similar fashion, practitioners can learn from the education literature. The fact that teaching staff generally saw no reason for ethics-related concern in their education practice does not mean such concerns are not real. Teachers must realise that their perspectives on internationalisation may be too enthusiastic or idealistic, potentially stifling real concerns. If they become aware of the ethical dilemmas voiced by critics and existing in their daily practice, they can initiate curricular strategies to minimise the potentially harmful effects on education quality, students and patients. For instance, specific training in language and culture for both staff and students before clinical exposure creates learning opportunities and improves student-patient communication. Likewise, the application of mentoring programmes specifically designed for international students might help them to integrate into and adapt to their new learning environment. However, the issue of how to reach the staff who can use these theoretical frameworks and critics’ suggestions in practice remains challenging. We therefore welcome further research into how best to achieve such awareness and to balance ideologies.

Finally, there are lessons for both scholars and teachers about the complexity of the concept of ‘ethical.’ The dilemmas reported by the teachers in our study reflect tensions between levels of impact of ethical considerations. For example, what is good for the university as an organisation (eg, high tuition fees) may be disadvantageous to individual students (eg, a barrier to access) or society (eg, weaker students acquire access). Similar dilemmas were identified in a study on ethical issues in international branch campuses, in which home and host country stakeholders reported conflicting interests and different ethical norms across borders. International diversity thus further complicates the concept of ethics: when the interests of stakeholders in one country conflict with those in other countries, what, then, is the ethical choice? Although existing theoretical frameworks may help to identify these levels of impact, they do not readily offer a direction towards ethical choices. At the same time, staff in practice may not be fully aware of the complexity of the dilemmas they face. More practical guidelines for sustainability and social responsibility in higher education could facilitate ethical decision making. For example, the ESD toolkit includes pragmatic exercises on helping teaching communities to develop sustainability goals, on reorienting education to address sustainability and on managing change. Applications in management, teacher and chemistry education have been published but, to our knowledge, have not yet been described in the health professions.

### 4.1 Limitations

This study included three diverse institutions and we purposively sampled participants with supporting and opposing views, ensuring a broad range of perspectives. Although we reached saturation within each institution, we do not claim to have included all potential perspectives related to the research question. The findings may not be limited to schools with international education programmes and therefore we invite future researchers to extend the scope of our study to different countries and programmes. Including perspectives from students, as well as representatives of education and health care institutions that receive graduates, would also add valuable insights and provide a more comprehensive picture of ethical internationalisation. The authors’ own involvement in international education may have guided data analysis and interpretation. We actively sought to be neutral and critical towards the positive discourse in our data.

### 5 Conclusions

In the eyes of teaching staff in international medical education, internationalisation can benefit both the quality of education and society, but also poses ethical dilemmas through the forces of marketisation, homogenisation and diversification. Making ethical decisions on the organisation, design and delivery of education is challenging because interests may conflict and norms and values may differ amongst stakeholders, especially in an international context. The critical perspective found in academic debates is largely missing in practice, whereas theoretical frameworks on ethics possibly overlook the benefits of international education. If scholars and practitioners globally manage to join forces, they may come one step closer to making ethical decisions on the internationalisation of education.

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### Author Contributions

EB, JF and ED were involved in the conception and design of the study. EB conducted all interviews, together with VDN and KS in their respective institutions. EB, VDN and KS were involved in initial data coding. All authors (EB, JF, KS, VDN and ED) contributed to the further
analysis and interpretation of the data. EB wrote the first draft of the paper. All authors contributed to the critical revision of the paper and approved the final manuscript for publication. All authors are accountable for the manuscript.

CONFLICTS OF INTEREST
None.

ETHICAL APPROVAL
The study was approved by the Ethical Review Board of the Netherlands Association for Medical Education (ref no. 00 929), the Regional Ethics Committee of the University of Pécs (ref no. 6746), and the International Medical University Research and Ethics Committee (ref no. IMU412/2018). All participants gave informed consent and were able to withdraw from the study at any point.

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