EDITORIAL

Curriculum for Sale: what is the wisdom?

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Learning outcomes

On completing the editorial, the reader is expected to:

1. Define 'curriculum', curriculum type, name and model and the bought curriculum.
2. Explain the pros and cons of the bought curriculum *vies a vie* locally produced curriculum.
3. Describe briefly the basic principles and process of modifying the bought curriculum.

The title is not intended by any means to demote what we can call 'the bought curriculum' which, in recent years, has become the vogue, especially in the 'rich' developing countries, to an extent that it should earn a place among the various types and models of medical (or rather health science) curricula. Another similar earner, which will not be our subject here, has the unfortunate model name of 'the highbrid curriculum'.

It would be pertinent first to touch on some definitions of terms.

Curriculum

There is a range of definitions of curriculum from very brief and simple dictionary statements "The set of studies organized for a particular group of students by an institution" [(1)], to more detailed descriptions in education books and manuscripts (eg. [(2)]; but Harden [(3)] has put together a concise and comprehensive definition which, I believe, can be further improved by adding the word 'evaluation' in place of, or after, 'assessment' as the former is usually used for the whole programme including the assessment of students: "The curriculum is a sophisticated blend of educational strategies, course content, learning outcomes, educational experiences, assessment (and evaluation), the educational environment and the individual students' learning style, personal timetable and programme of work."

What is in a name? Curriculum type, name and model

It is admittedly rather difficult to make a clear distinction between curriculum type, name and model as the three are loosely used interchangeably; but students, especially master- level ones, often ask about the difference. To me *'model'* means being planned and designed in a certain format, while *'type/name'* , if synonymously used, may not follow a similar course. Examples of the former (ie curriculum *model*) are: apprentice-based, discipline-based, organ system-based, problem-based, clinical presentation [[4]], outcome/competency-based [(5,6)], core-and-options and spiral curricula [(7)] and last but not least, community based education (CBE) curriculum [(8,9)]; while examples of the latter (ie curriculum *'name/type'*) are: the official (intended/written) curriculum, the operational (implemented) curriculum, the null (not-taught) curriculum [(2)], the hidden (institutional atmosphere-driven) curriculum [(10)], the concomitant (family-driven) curriculum and the phantom (media-driven) curriculum (author's parentheses).

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The bought curriculum

So where do we slot our *bought curriculum* (BC)? It can be defined as a curriculum which is bought, usually at high cost, from a certain institution of some repute, not necessarily in education, to be used restrictively by the buying institution for a certain period of years according to signed written agreements, contracts or protocols between the two institutions; restrictively meaning that the buying institution is not allowed to subcontract, release or render accessible the whole curriculum or any parts of it to others. According to our 'criteria' it fits more appropriately with curriculum *model*.

What is the wisdom?

The first questions that come to mind about the BC are: what is the wisdom of the decision to go for a BC (rationale)? Isn't it better to create our own curriculum locally (relevance, culture, cost-effectiveness)? Is it worth it to pay all that amount of money for it (cost-effectiveness)?

Another basic question is the one related to the quality of the curriculum in question. It is rather sad to state that in the majority of cases the decision to buy is made by the leadership of the institution with little or no professional advice beforehand on the educational status (or quality) of the curriculum. According to the author's experience with medical and other health science curricula, this leads to spending colossal efforts and time (extending for some years) to modify the BC, and for that matter we can say, without exception, that there is nothing called the BC as such, as it always requires modification and therefore ends up in the concerned institution as the *modified bought curriculum* (MBC) and should be given that name instead.

For contemporary curricula the modification does not usually stop short at improving the educational quality (eg. reviewing and editing all learning objectives/outcomes or writing them anew for every block, delivery session and problem based learning (PBL) problem); but entails thorough review for cultural sensitivity and degree of relevancy of content of all components of it to the country concerned. All this needs to be done through a carefully planned and organized implementation process which fully involves faculty and students as well as the leadership of the institution, thus planting the seeds and allowing for the gradual development of the required institutionalization, sustainability and self reliance.

On thinking about owning a house, the author has received a concerted advice from his architect friends that it was far better to go straight and build a new one than buying and modifying an already existing one. He now tends to believe the same way about the curriculum and had the honour to lead the design and development of locally produced curricula of two medical schools as a founding dean (Faculty of Medicine, University of Gezira, Sudan and the Faculty of Medicine and Health Sciences, UAE University, Alain). He also had the honour to contribute to the first innovative curriculum in Saudi Arabia (Al-Qassim Medical College) as well as to so many new schools in Sudan and elsewhere, all of which with locally created, progressive curricula and graduates who are worth their salt (see 11, 12 and 9 for Gezira and 13 for Al-Qassim).

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Nevertheless, we will not be giving justice to the MBC if we stop at this level. We should admit of some pluses and attractions; having a curriculum of a reputable and well recognized institution surely paves the way for your own recognition. In the case of PBL curriculum, being availed like more than 50 problems already designed in detail, is a big advantage and a big saver on time. A web-based curriculum is another advantage. This becomes more so if you are pressurized for time and need to start immediately, as is usually the case with some illogical, political decisions in our part of the world. We should not forget also that the BC constitutes a reasonably good source of income for the selling institution in the face of the current situation of economic regression. The selling institution also benefits greatly, and for free, from the modifications introduced into the curriculum. In one institution I know, the benefits included reviewed or written learning outcomes of all three phases, and redesign of the clerkship phase, of the curriculum.

So, shouldn't we be more considerate in trying to opt for a BC?

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