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Towards the internationalization of Cuban medical education: the role of the Common European Framework of Reference

Hacia la internacionalización de la educación médica cubana: el papel del Marco Común Europeo de Referencia

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Dear Director:

In the current world of higher medical education—marked by the globalization of knowledge, cross-border collaboration, and professional mobility—language skills are no longer just an extra advantage. They have become a fundamental part of professional training. In this context, the Common European Framework of Reference for Languages (CEFR) appears not simply as an assessment tool, but as an international standard of great strategic value for our medical sciences universities ⁽¹⁾. Its implementation goes far beyond giving a language exam; it forms the structural basis for the comprehensive training of health professionals, equipping them with the communication and intercultural skills essential for active, relevant, and high-impact participation in the international scientific and healthcare community.

The dominance of English as the lingua franca of science is an undeniable fact ⁽²⁾. More than 90 % of high-impact biomedical literature is published in English, major conferences adopt it as their means of communication, and global research networks operate predominantly in English. To face this reality without a solid, standardized, and internationally recognized teaching strategy puts our students and professionals at a disadvantage. The adoption of the CEFR represents precisely that strategy, offering a common reference framework that clearly defines levels of language proficiency, from A1 (beginner) to C2 (mastery). This allows us to align our curricula, teaching methods, and assessment systems with universal parameters, ensuring that our graduates' communication skills are transparent, comparable, and recognized anywhere in the world. The relevance of the CEFR for Cuban higher medical education is both concrete and multi-faceted. Its benefits can be summarized in three main areas that directly impact the quality of our teaching, research, and healthcare work.

First, the CEFR guarantees direct, critical, and ongoing access to global scientific knowledge. It is not just about "knowing English," but about reaching proficiency levels (particularly from B2 upwards and in the C range) that enable students and professionals to understand, analyze, synthesize, and independently and effectively use the most current medical literature. This includes everything from understanding complex articles in journals like *The Lancet* or *The New England Journal of Medicine*, to interpreting clinical protocols, practice guidelines, and regulatory documentation. ⁽¹⁾ A doctor or researcher with a C1 level does not just translate words; they interpret nuances, assess the methodological strength of a text, and extract knowledge applicable to their own context. This ability is the essential foundation for evidence-based medicine and local innovation, as it allows our professionals to learn from global advances and, in turn, contextualize them and contribute with their own experiences.

Second, the framework develops intercultural communication skills that are inherent to modern medical practice. The CEFR's philosophy goes beyond grammar and vocabulary to emphasize the ability to use language in specific social and cultural contexts ⁽¹⁾. In a world where cultural diversity is the norm, Cuban health professionals may interact with patients of other nationalities, work in international multidisciplinary teams, or participate in collaborative missions.

According to the authors, in these situations, communicating effectively means understanding different concepts of health and illness, different doctor-patient relationships, and different professional communication protocols. A B2 or C1 level according to the CEFR integrates these sociolinguistic and pragmatic dimensions, training a professional who is not only linguistically skilled, but also culturally sensitive and ethically prepared for global interaction. This competence is crucial for avoiding clinical misunderstandings, building trust, and offering truly person-centered care, regardless of the patient's origin.

The third key benefit is that the CEFR facilitates and promotes academic mobility, professional exchange, and international collaboration. Certifications based on this framework (such as Cambridge certificates, IELTS, etc.) are recognized and required by universities, hospitals, accreditation bodies, and research centers worldwide ^(1, 2). For a Cuban resident aiming for a training period in

Europe, for a researcher applying for a Horizon Europe project, or for a professor invited to give a lecture, having a CEFR certification is an academic passport that objectively validates their skills. The systematic implementation of the CEFR in our institutions would allow us to prepare our students to obtain these certifications, opening doors for double degree programs, clinical residencies abroad, postdoctoral stays, and joint research projects. This, in turn, positively benefits the institution, attracting more international students and collaborators in a virtuous cycle of internationalization.

Therefore, the systematic adoption of the CEFR in our medical sciences institutions is not just an optional academic advantage. It represents a deep commitment to excellence, quality, and the international projection of Cuban medicine, historically recognized for its scientific strength and spirit of solidarity. It means modernizing a crucial part of our educational process so that it matches our prestige and our aspirations. Ignoring this need would be to underestimate the role communication plays in 21st-century science and to limit the potential impact of our talented professionals.

Consequently, and with the aim of encouraging fruitful debate and coordinated action, we propose to the academic community, the dean's offices, the postgraduate departments, and the governing authorities of higher medical education in Cuba, that they consider the formal and gradual integration of the Common European Framework of Reference for Languages into institutional educational policies. This integration could be achieved through:

1. Reviewing and aligning the English (and other relevant language) curricula with the CEFR level descriptors.
2. Training and updating the language teaching staff in the action-oriented approach and CEFR-aligned assessment.
3. Implementing internal assessment systems that simulate and prepare students for recognized international certifications.
4. Promoting international mobility and collaboration as a stimulus and a real context for applying the language skills acquired.
5. Creating specialized language centers or classrooms for health sciences, with resources and materials aligned with the

framework and the specific communication needs of the profession.

This strategic adoption is not an expense, but an investment in human capital. It would decisively strengthen our ability to train professionals who, combined with their exceptional medical knowledge, are fully prepared to contribute actively, meaningfully, and eloquently to both the international scientific dialogue and global public health efforts. In an interconnected world, medical excellence is also built with precise words, in the right language, in the right forum. Let us equip our future generations of doctors, dentists, nurses, and health scientists with this powerful tool. Cuban medicine, with its tradition of leadership and solidarity, deserves and needs to have an even stronger and clearer voice in the global health community.

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CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest.