



WFME

**WORLD FEDERATION
FOR
MEDICAL EDUCATION**

*The Structure of Medical Education in Europe:
Implementing Bologna –
on the way to a European success story*

**Moving medical education to the Bologna framework:
chances and challenges**

WFME Statement

by

Hans Karle, M.D., D.M.Sc.

**STATEMENT ON
THE BOLOGNA PROCESS AND MEDICAL
EDUCATION**

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World Federation for Medical Education
University of Copenhagen
Faculty of Health Sciences
The Panum Institute
Copenhagen
Denmark
Tel. +45 35 32 71 03 05
E-mail: wfme@wfme.org

Association for Medical Education in
Europe
Tay Park House
Dundee
UK
Tel: +44 1382 631967
E-mail: p.m.lilley@dundee.ac.uk

ORGANISATIONS BEHIND THE WFME/AMEE BOLOGNA STATEMENT



- ⌘ **WORLD FEDERATION FOR MEDICAL EDUCATION (WFME)**
- ⌘ **ASSOCIATION FOR MEDICAL EDUCATION IN EUROPE (AMEE)**

- ⌘ **ASSOCIATION OF MEDICAL SCHOOLS IN EUROPE (AMSE)**
- ⌘ **WORLD HEALTH ORGANIZATION (WHO/EURO)**

- ⌘ **COMITÉ PERMANENT DE MEDICINS EUROPÉENS (CPME)**
- ⌘ **WORLD MEDICAL ASSOCIATION (WMA)**
- ⌘ **INTERNATIONAL FEDERATION OF MEDICAL STUDENTS' ASSOCIATIONS (IFMSA)/EUROPEAN MEDICAL STUDENTS' ASSOCIATION (EMSA)**

SUMMARY OF WFME/AMEE STATEMENT



- ⌘ Endorsement that medical education should be involved in the Bologna Process**
- ⌘ Need to consider the specificity of medical education due to its character of a profession education**
- ⌘ Need to consider the situation of European medical schools**
- ⌘ Most Bologna objectives in accordance with current practises and reforms in medical schools**
- ⌘ Few objectives need to be implemented in a broader international/global context**
- ⌘ The two-cycle structure problematic and could be harmful to the quality of medical education**

1999 Adoption of easily readable and comparable degrees

Adoption of system based on two cycles

Establishment of a common system of credits

Promotion of mobility

Promotion of European cooperation in quality assurance

**Promotion of the necessary European dimensions in
higher education**

2001 Life-long learning as an essential element of EHEA

Involvement of higher education institution and students

Promoting the attractiveness of EHEA

2003 Promoting closer links between EHEA and ERA including the doctorate level as a 3rd cycle

EUROPEAN CO-OPERATION IN QUALITY ASSURANCE



- ⌘ **Implementing the Bologna objective could be counter productive to recent developments in medicine and global co-operation in accreditation**
- ⌘ **Accreditation of medical education should encompass regions outside Europe**
- ⌘ **Accreditation of medical education should not be handled by educational authorities alone, but include the profession, regulatory bodies and health authorities**
- ⌘ **Accreditation of medical education needs medicine specific criteria and standards**

PROBLEMS WITH THE TWO-CYCLED SYSTEM

- ⌘ **Bachelor/master terminology**
- ⌘ **Bachelor/master traffic**
- ⌘ **Relation to Council Directive 2005/36/EC**
- ⌘ **Risk of return from integrated curriculum to division in basic biomedical and clinical sciences**
- ⌘ **Risk of waste of resources**
- ⌘ **Ethical implications of early clinical exposure**
- ⌘ **Possibility of a hidden agenda**

TERMINOLOGICAL PROBLEMS

- ⌘ **Bachelor (MBBS) used as final degree in some European countries (UK, Ireland) and outside Europe (Commonwealth Countries, China (5 year programme), etc.)**
- ⌘ **Master degree not acceptable by the public for medical doctors/physicians (candidatus medicinae, MD)**
- ⌘ **Bachelor in Bologna sense could be equivalent to physician assistant (3 year programme in China)**

EXIT AT BACHELOR LEVEL

- ⌘ **Limited usability of medical bachelors in labour market**
- ⌘ **Pressure to change curriculum to fit to labour market wishes**
- ⌘ **Limited background for non-medical master studies**

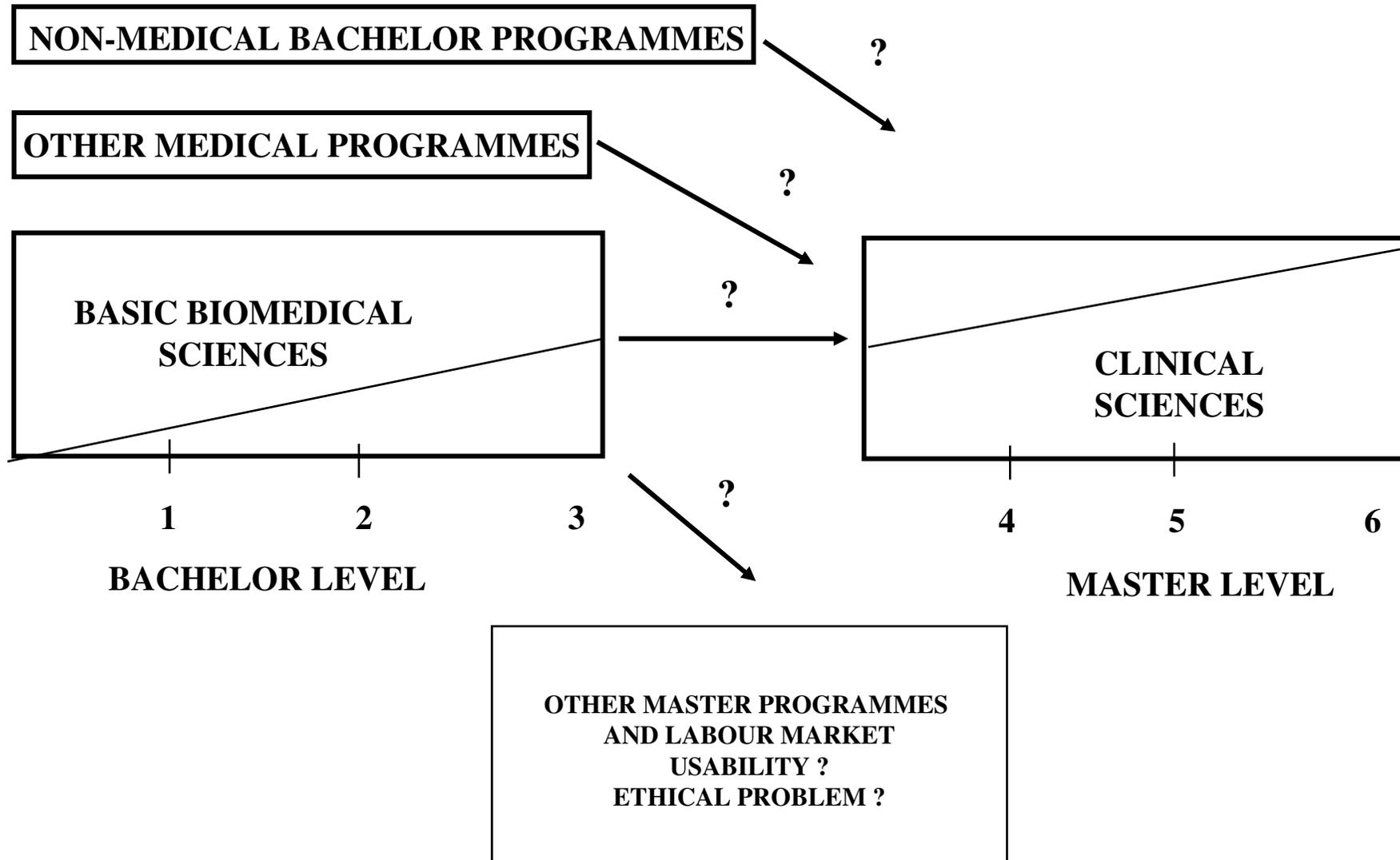
ENTRY TO MEDICINE MASTER LEVEL

- ⌘ **Problematic to all non-medical bachelor degrees due to lack of clinical training**

TRAFFIC FROM BACHELOR TO MASTER LEVEL

- ⌘ **Automatic recognition of bachelor degrees problematic due to huge variation in the horizontal/vertical integration of disciplines in various programmes (mobility means need for supplementary studies)**
- ⌘ **Need for regulation (competition) before entry to master level**

THE BOLOGNA TWO-CYCLE CONCEPT AND MEDICINE



WFME/AMEE RECOMMENDATIONS ON THE TWO-CYCLE MODEL



Countries and medical schools should be allowed to

- ☒ either opt out the two-cycle system and continue having the long (6 years/360ECTS credits or more) integrated programme**

- ☒ or alternatively to establish the first cycle as the first part of the medical programme without planning for special use or employability of the bachelor.**

- ⌘ **Limited implementation of the two cycles (more than 80% of countries and 90% of medical schools not in favour or in doubt) (Medical Teacher 2008)**
- ⌘ **Insufficient knowledge among institutions**
- ⌘ **Lack of open debate in the Bologna follow-up group**
- ⌘ **Need for involvement in the debate of**
 - ☒ **Medical schools, educators and students**
 - ☒ **The medical profession**
 - ☒ **Health authorities**



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