



The Structure of Medical Education in Europe – a view from AMSE

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What is AMSE?

- The Association of Medical Schools in Europe
- “... a forum for European Medical Faculties...”
- First Annual Conference – Groningen, NL, 1980
(2010 Annual Conference – Berlin)
- Members – medical schools “from Aarhus to Zagreb”
- www.amse-med.eu





Structure of this talk

- The AMSE position on the Bologna Process – relates to WFME, AMEE and WHO-Europe
- The origin and history of Bologna
- The virtues of the Bologna action lines –
– and the problems
- The AMSE view of what should happen
- The UK position



Bologna Action Lines – almost all good for Medicine

- **Adoption of a system of easily readable and comparable degrees**
- Adoption of a system essentially based on two cycles
- Establishment of a system of credits
- **Promotion of mobility**
- Promotion of European co-operation in quality assurance
- **Promotion of the European dimension in higher education**
- Focus on lifelong learning
- Inclusion of higher education institutions and students
- Promotion of the attractiveness of the European Higher Education Area
- Doctoral studies and the synergy between the European Higher Education Area and the European Research Area

- Note the contrast between these 10 action lines and the statement on the EU education and training website –
- “The three priorities of the Bologna process are: introduction of the three cycle system (bachelor/master/doctorate), quality assurance and recognition of qualifications and periods of study.”

History – what was the aim at the start?

- Sorbonne 1998 and Bologna 1999 – ministers recognising the need for reform in higher education (why?)
- The two cycle model was intended as **a tool** to get educated people into the workforce after 3 years and as **a tool** for better European integration, not necessarily as **an objective** in its own right.
- *“...first cycle studies, lasting a minimum of three years. The degree awarded after the first cycle shall also be relevant to the European labour market as an appropriate level of qualification....”*
- Bologna signatories never considered the position of medicine (and the related subjects) and there is no evidence of any intention to split the medical course into two cycles

Important Bologna Lines

- Adoption of a system of easily readable and comparable degrees?
 - **The medical qualifying degree – whatever its name – is one of the best understood and recognised**
- Promotion of mobility?
 - **Medical graduates are potentially amongst the most mobile in Europe**
- Promotion of the European dimension in higher education?
 - **Academic medicine is one of the most interactive communities within Europe and beyond**



In what way is a two-cycle model “progress”?

- Development of medical education over last 40+ years – courses with better and more coherent structure, and better content.
- The two cycle model is positively harmful to this.

**There is no Europe-wide
obligation to impose a two-
cycle model on medicine**



- “The Bologna Process is **not based on an intergovernmental treaty.**”
- “There are several documents that have been adopted by the ministers responsible for higher education of the countries participating in the Process, but these are **not legally binding** documents (as international treaties usually are). Therefore, it is the **free will of every country and its higher education community** to endorse or reject the principles of the Bologna Process, although the effect of “international peer pressure” should not be underestimated.”

(Council of Europe website)

- 1. How does the two cycle model work in countries where it has been adopted?
- 2. What is the position in the United Kingdom?

The UK position?

- Note – the statutory regulatory authority is the Education Committee of the General Medical Council (GMC)
- The eight letters, from higher education and health ministers of the four UK countries, to the Education Committee of the GMC
- Rejection of any two-cycle model in medicine



- "[T]he Education Committee [of the GMC] has statutory powers over the content and outcomes of undergraduate medical education in the UK. The Committee can see no merit in applying the Bologna process to medical education - a view which is shared by all four Government Administrations in the UK - and we have no intention of changing the current, internationally respected arrangements. Introducing the Bologna proposals would put medical education here back a generation.
- ... [T]he Regulator, the Medical Schools and the Administrations of the four countries of the UK all wish to see the educational excellence, forward thinking and patient focus of medical education here continue."

Peter Rubin, Chair, Education Committee



Conclusion (1)

- AMSE supports the WFME – AMEE statement on Bologna
- The principles of Bologna are excellent for medicine, as are almost all the action lines

Conclusion (2)

- A two cycle model in medicine:
 - was not considered by ministers when Bologna was created
 - is not obligatory, Europe-wide
 - and is not needed by medicine for medicine to have
 - easily-readable degrees
 - mobility
 - a European dimension

“Introducing the Bologna proposals would put medical education ... back a generation.”

Next steps

- **A process of positive and constructive development of the Bologna principles for medicine:**
 - while recognising that many – probably a majority – of European countries will not adopt a two-cycle model in medicine. We need to learn how we are going to come to terms with this non-convergence on one Bologna action line