

The Bologna – Declaration and its implications for the medical curriculum

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Overview

- The Bologna – Declaration
- Goals and Objectives
- Instruments and main criteria
- Bologna and Medicine - a special relationship?
- Possible implications of Bologna for the medical curriculum
- Future developments in Switzerland

The Bologna – Declaration

- Has been signed in June 1999 in Bologna
- 29 Nations initially including Switzerland
- Primarily a political declaration
- Meanwhile 44 countries signed

Goals and Objectives

- Creation of a Higher European Education Area until 2010
- Reinforcement of the competitive ability of Europe as Higher Education Area
- Promotion of mobility of students and teachers by overcoming obstacles to mobility
- Creation of a system of comprehensible and comparable academic study programmes and degrees

Instruments and main criteria

- Adoption of a system essentially based on two main cycles, undergraduate and graduate
- Establishment of the ECTS system for accumulation and transfer of credits
- Facilitation of the approval of student credits originating from other than the traditional educational systems
- Promotion of European cooperation in quality assurance

The promise of Bologna

finest quality

Implementation 2010

unlimited mobility

for all but medicine ...?



May 2004

Medicine, a special case?

- „medicine and related disciplines still require a different scheme in many countries, ... , but these are exceptions to the converging trend across Europe in most other disciplines“
Reichert & Tauch, Follow up Bologna, Trends 2003
- „The faculties of Medicine take up an exceptional position within the structure of the universities“ (in Switzerland), ... on the edge of the sphere of influence of the universities
Conference of Swiss University Rectors, 2004

What makes medicine special?

- Costs of medical education per student are high compared to other programmes
- Access to medical education is regulated in most European countries at the beginning (nummerus clausus / MCAT) or later in the course of studies
- Medical education is oriented towards a rather defined professional profile of a physician, who starts postgraduate training
- Medical curricula are highly structured with relatively little freedom of choice
- Clinical Medical education is closely linked to teaching hospitals which have a mandate for health care

The Bologna Process - and it's present adoption in medicine

- easily readable and comparable degrees
- ECTS system of credits to promote student mobility
- Medical Doctor / Physician - Diplomas are formally recognized all over Europe (but licence for independent practice = access to market is still regulated)
- Student Mobility is high in medicine, not hampered by failure to officially recognize credits made abroad (but mostly within exchange programmes like Socrates Erasmus)

The Bologna Process - and it's present adoption in medicine

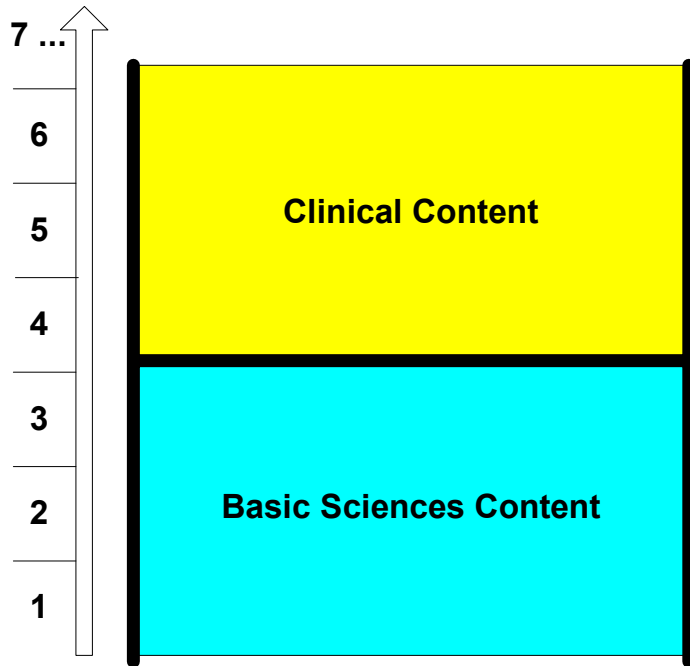
- quality assurance
- Adoption of a system essentially based on two main cycles, undergraduate and graduate (Bachelor/ Master)
- Ongoing discussion on the quality of medical education; national initiatives for reform, accreditation and quality assurance
- No - the critical issue

The ongoing reform of medical curricula

Traditional curriculum

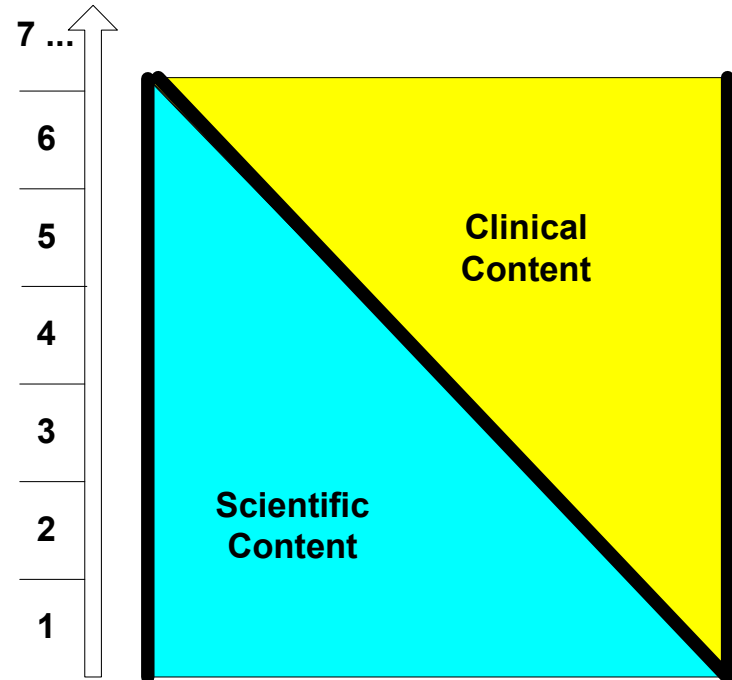
Reformed curriculum

GRADUATION



START

GRADUATION



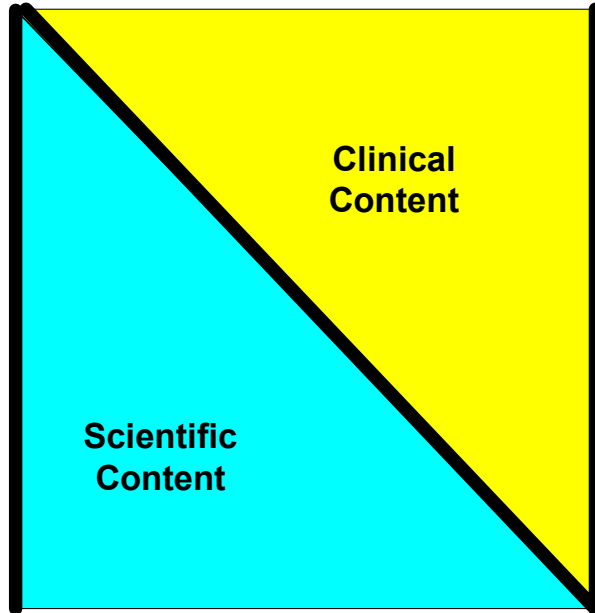
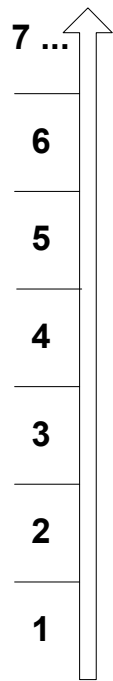
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New medical curricula and the Bologna structure

Reformed curriculum

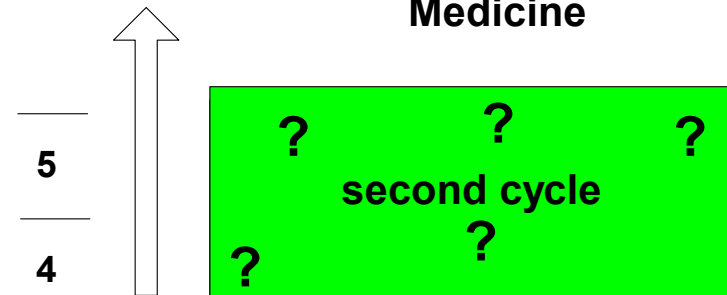
Bologna curriculum

GRADUATION

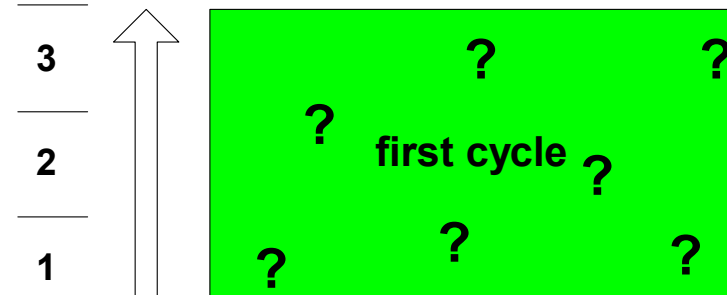


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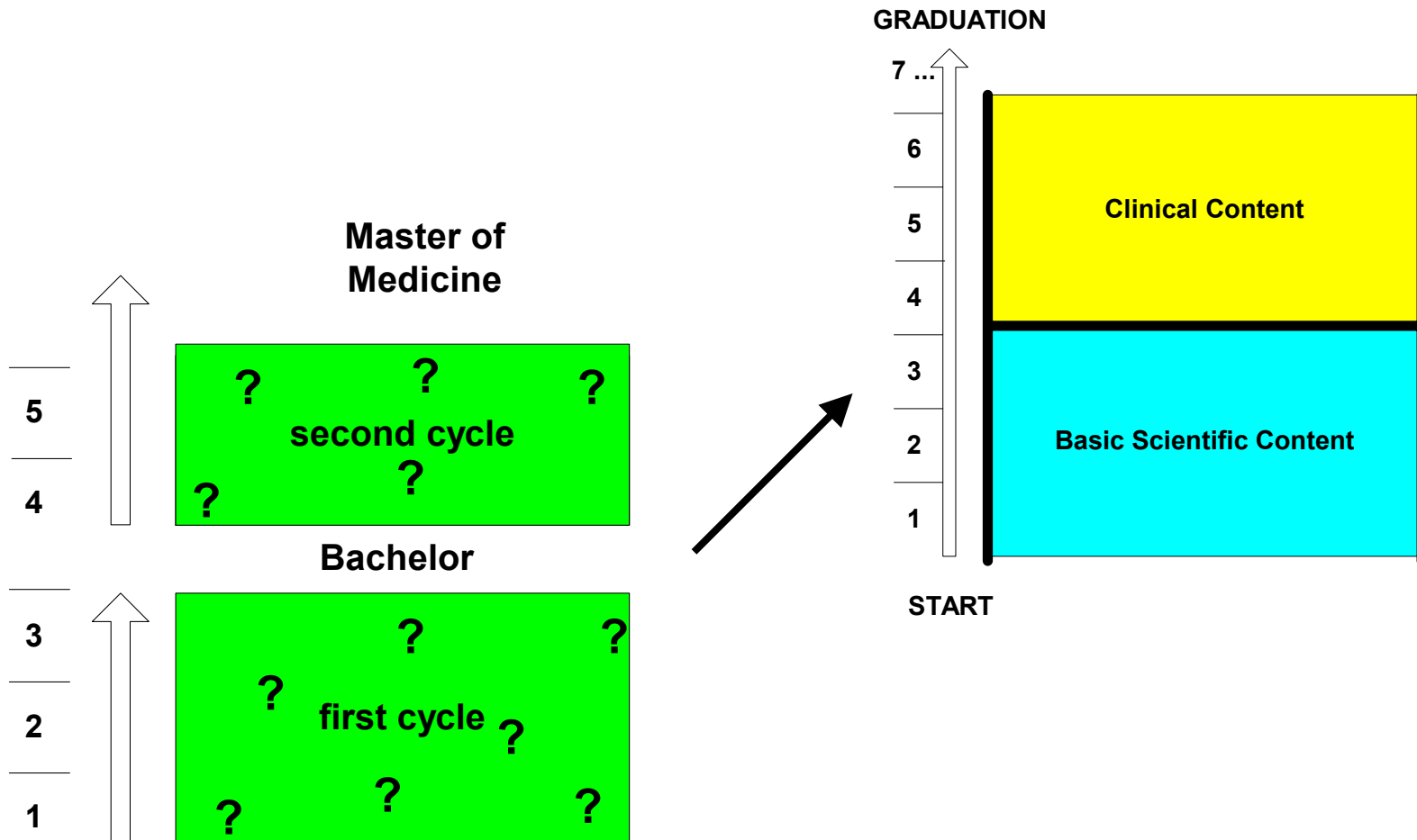
Master of
Medicine



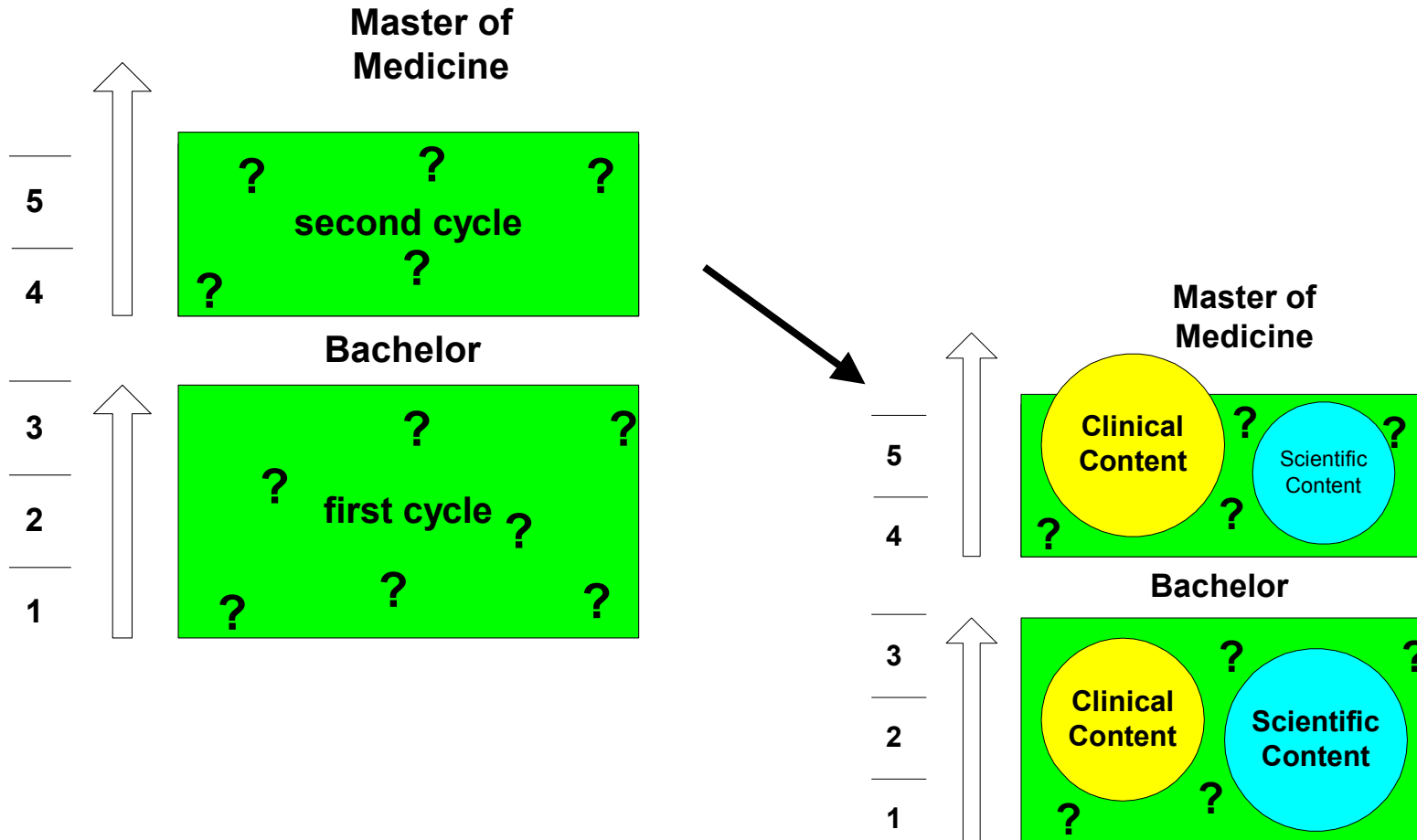
Bachelor



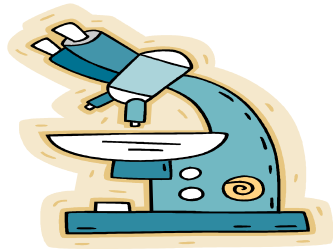
New medical curricula and the Bologna structure



New medical curricula and the Bologna structure

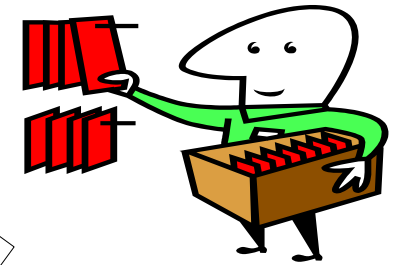
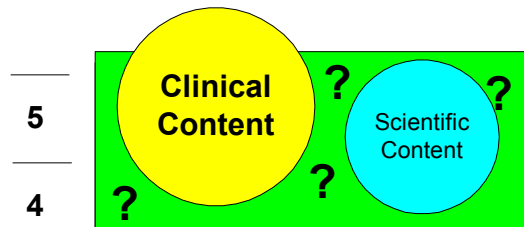


The Bologna Process: interfaces in the medical curriculum



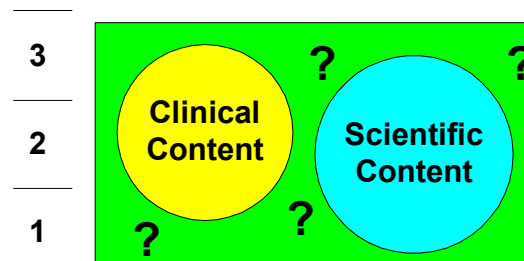
Different Master Programme

Master of Medicine

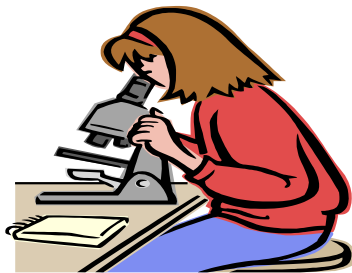


Bachelor

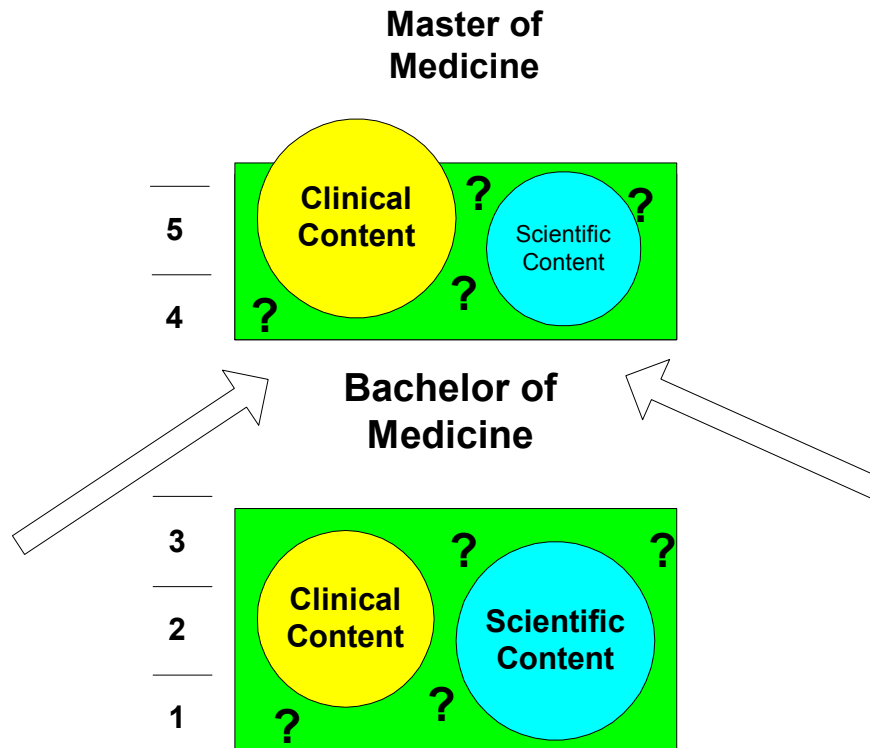
Labour - Market



The Bologna Process: interfaces in the medical curriculum



Different Bachelor Programme



Bachelor of Medicine from abroad

Chances and risks of Bologna for medical education

- Chances
 - More flexibility for students
 - Broader qualification of graduating bachelors and masters
- Risks
 - Loss of quality in the process
 - And in the product

Chances and risks of Bologna for medical education

- Chances
 - Better selection of students for the master programme
 - Tighter relation between the faculty of medicine and the university
- Risks
 - Ill defined interface to other bachelors degrees
 - A setback in the attempts to early introduce clinical practice (e.g. patients into medical education)

Future developments in Switzerland

- Conference of Swiss University Rectors and Conference of the Swiss Universities have decided:
 - To adapt all university curricula according to the Bologna declaration until the end of 2010
 - That these directives also apply to the medical curricula
- ➔ Implies that the Swiss federal law for medical professions has to be adapted

Future developments in Switzerland

BUT

European Mini Survey on Medicine and Bologna (CRUS)

2002: (<http://www.crus.ch/docs/lehre/bologna/schweiz/bericht/ber-1/Medizin.pdf>)

- Answers from 18 countries
- 13 indicated a starting or ongoing political discussion
- 5 countries want to exclude medical studies; 3 countries have decided to implement the Bologna model
- 9 countries prefer an integrated one-tier track; 3 countries envisage a 3+3 model
- At the earliest new solutions introduced in academic year 04/05