Statement of Beliefs

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Summary: (statement of belief)

This statement of beliefs expresses the opinion of the European medical students as discussed at the 6th IFMSA/EMSA Bologna Process Conference which took place from 5-9 July 2007 in Amsterdam (The Netherlands). It aims to serve as basis for further discussion and debate on the Bachelor/Master structure for medicine and raise awareness throughout the profession about the action lines as laid out in the Bologna Declaration and its follow-up documents.

Introduction:

Since 2003, the *European Medical Students' Association (EMSA)* and the *International Federation of Medical Students' Associations (IFMSA)* have collaborated in developing the European Higher Education Area in the field of medicine resulting in widely recognised position papers. Further information regarding the history of the Bologna Process and the work undertaken by the IFMSA and the EMSA is outlined in two Appendices to the complete document.

In July 2007 the 6th Bologna Process follow-up conference was held in Amsterdam. In the course of this conference, medical students' representatives analysed the controversies surrounding the Bachelor/Master structure in medicine. Stakeholders from different fields (e.g. the industry, higher education institutions and international organisations) presented their opinion and informed about entrance criteria to their respective fields which Bachelors would need to fulfil.

The end product of this event is a consensus statement about the Bachelor/Master structure as outlined in the Bologna Declaration, desirable prerequisites for implementation, potential opportunities and possible dangers for application to the study of medicine. Another Appendix of the document covers additional controversial points that arose from the discussion which should be considered at further length by stakeholders to ensure safe and effective implementation of any Bachelor/Master structure.

Explanation:

The implementation of a Bachelor/Master structure is one of the most controversial aspects of the Bologna Process in Medicine. Increased engagement of all stakeholders is essential to ensure that the quality of medical education within Europe and consequentially, patient safety does not suffer. Given the conditions and prerequisites

outlined in this statement of beliefs, medical students of Europe conceive that the implementation of the Bachelor/Master structure is possible. However, one must be aware of possible negative consequences if implemented without proper consideration and care.

This statement of beliefs expresses the opinion of the European medical students as discussed at the 6th IFMSA/EMSA Bologna Process Conference. It aims to serve as basis for further discussion and debate on the Bachelor/Master structure for medicine and raise awareness throughout the profession about the action lines as laid out in the Bologna Declaration and its follow-up documents.

We believe it may be possible to implement the Bachelor/Master structure in an integrated curriculum. However, it is vitally important that the implementation of the Bachelor/Master structure does not negatively impact either upon integrated or upon non-integrated curricula.

In order to achieve harmonisation of medical education in Europe it is necessary to agree on core learning outcomes to be achieved by graduation. These common core outcomes would constitute the European Core Curriculum in accordance with relevant European regulations such as directive 2005/36/EC to be achieved by all European graduates. Local academic traditions and priorities should however be encouraged and these additional curricular elements should be clearly defined.

A European Core Curriculum is a prerequisite if the Bachelor/Master structure is to be implemented in Medicine. In addition, to secure patient safety in the context of student mobility between Bachelor/Master cycles, assessment of student competencies needs to be evidence based.

A Bachelor/Master system may enable students from non-medical Bachelor courses to enter Master of Medicine training. These students however would need to demonstrate the core competencies of a Bachelor of Medicine before entering the Master of Medicine course

Whilst it should be possible to enter the Master of Medicine after successfully completing Bachelor courses other than medicine, it must be stressed that the study of medicine should be considered as a continuum. Therefore, the study of medicine should be considered as a whole – Bachelor of Medicine and Master of Medicine together.

Implementation of transparent internal and external quality assurance measures in compliance with generic and profession specific quality standards is needed to achieve quality improvement of education. This is the key to building mutual trust, recognition of qualifications and ensuring the safety of European patients. However, any quality assurance procedure should not be unnecessarily costly, withdrawing precious resources from the actual education.

Financial consequences of implementing a Bachelor/Master structure must be considered. In particular, students should not be subject to increased tuition fees associated with procedures required to implement the system.

The Bachelor/Master structure should not be an obstacle to improve, develop and reform medical curricula. In itself it does neither contradict nor negatively impact on integrated curricula. It rather is its thoughtless implementation that may lead to adverse effects on educational outcomes and patient safety.

You can find the complete text of the conference proceedings attached to this form. After adoption it will also be available in the SCOME-wikipedia (www.ifmsa.org/scome/wiki), article "Amsterdam Paper".

Attachment:

Complete conference preceedings of the 6th Bologna Process follow-up conference

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The Bachelor and Master structure in Medicine

- Statement of Beliefs -

Outcome of the 6th Bologna Process follow-up conference

Amsterdam, 5-9 July 2007

International Federation of Medical Students' Associations (IFMSA)
&
European Medical Students' Association (EMSA)

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Executive summary

The implementation of a Bachelor/Master structure is one of the most controversial aspects of the Bologna Process in Medicine. Increased engagement of all stakeholders is essential to ensure that the quality of medical education within Europe and consequentially, patient safety does not suffer. Given the conditions and prerequisites outlined in this statement of beliefs, medical students of Europe conceive that the implementation of the Bachelor/Master structure is possible. However, one must be aware of possible negative consequences if implemented without proper consideration and care.

This statement of beliefs expresses the opinion of the European medical students as discussed at the 6th IFMSA/EMSA Bologna Process Conference. It aims to serve as basis for further discussion and debate on the Bachelor/Master structure for medicine and raise awareness throughout the profession about the action lines as laid out in the Bologna Declaration and its follow-up documents.[1 2 3 4 5 6]

We believe it may be possible to implement the Bachelor/Master structure in an integrated curriculum. However, it is vitally important that the implementation of the Bachelor/Master structure does not negatively impact either upon integrated or upon non-integrated curricula.

In order to achieve harmonisation of medical education in Europe it is necessary to agree on core learning outcomes to be achieved by graduation.[7 8] These common core outcomes would constitute the European Core Curriculum in accordance with relevant European regulations such as directive 2005/36/EC to be achieved by all European graduates.[9] Local academic traditions and priorities should however be encouraged and these additional curricular elements should be clearly defined.

A European Core Curriculum is a prerequisite if the Bachelor/Master structure is to be implemented in Medicine. In addition, to secure patient safety in the context of student mobility between Bachelor/Master cycles, assessment of student competencies needs to be evidence based.

A Bachelor/Master system may enable students from non-medical Bachelor courses to enter Master of Medicine training. These students however would need to demonstrate the core competencies of a Bachelor of Medicine before entering the Master of Medicine course

Whilst it should be possible to enter the Master of Medicine after successfully completing Bachelor courses other than medicine, it must be stressed that the study of medicine should be considered as a continuum. Therefore, the study of medicine should be considered as a whole – Bachelor of Medicine and Master of Medicine together.

Implementation of transparent internal and external quality assurance measures in compliance with generic and profession specific quality standards is needed to achieve quality improvement of education.[10 11 12 13 14 15 16] This is the key to building mutual trust, recognition of qualifications and ensuring the safety of European patients. However, any quality assurance procedure should not be unnecessarily costly, withdrawing precious resources from the actual education.

Financial consequences of implementing a Bachelor/Master structure must be considered. In particular, students should not be subject to increased tuition fees associated with procedures required to implement the system.

The Bachelor/Master structure should not be an obstacle to improve, develop and reform medical curricula. In itself it does neither contradict nor negatively impact on integrated curricula. It rather is its thoughtless implementation that may lead to adverse effects on educational outcomes and patient safety.

Preamble

Since 2003, the *European Medical Students' Association (EMSA)* and the *International Federation of Medical Students' Associations (IFMSA)* have collaborated in developing the European Higher Education Area in the field of medicine resulting in widely recognised position papers.[8 16 17] Further information regarding the history of the Bologna Process and the work undertaken by the IFMSA and the EMSA is outlined in Appendices 1 and 2.

In July 2007 the 6th Bologna Process follow-up conference was held in Amsterdam. In the course of this conference, medical students' representatives analysed the controversies surrounding the Bachelor/Master structure in medicine. Stakeholders from different fields (e.g. the industry, higher education institutions and international organisations) presented their opinion and informed about entrance criteria to their respective fields which Bachelors would need to fulfil.

The end product of this event is a consensus statement about the Bachelor/Master structure as outlined in the Bologna Declaration, desirable prerequisites for implementation, potential opportunities and possible dangers for application to the study of medicine. Appendix 4 of the document covers additional controversial points that arose from the discussion which should be considered at further length by stakeholders to ensure safe and effective implementation of any Bachelor/Master structure.

A Common European Core Curriculum for the Bachelor and Master phases

Prerequisites

For the successful adoption of the Bachelor/Master structure, it is necessary to define the common European core competences that Bachelors and Masters of Medicine have to achieve.[8] This also is essential for the continuity of the educational process in a system where students can study for the Bachelor of Medicine and Master of Medicine Degrees at different institutions and will produce comparable degrees across Europe.

A common European Core Curriculum needs to be described and implemented for each phase and internal assessment measures should guarantee that students meet the phases' core competences.

A clear differentiation is required between the competences and knowledge of a Bachelor of Medicine compared to the Master of Medicine.

The curriculum should consist of core elements and optional parts. Optional elements within the Bachelor of Medicine and Master of Medicine courses can help to shape unique faculty profiles and learning experiences.

European medical students agree that clinical competences and experience should be present in the core parts of both the Bachelor and the Master of Medicine.

The core curriculum of the Bachelor of Medicine should not be designed to meet the needs of business but prepare the student for progression to the Master of Medicine studies. We consider the study of medicine as a whole, Bachelor of Medicine and Master of Medicine together.

Opportunities

European Medical students encourage medical faculties to compile an international curriculum database detailing the constituents of their specific curricula.

This and the implementation of a common European core curriculum will help to facilitate movement between institutions as described in the Bologna Declaration and its follow-up communiqués.[1 2 3 4 5 6]

It is important to consider that the Bachelor of Medicine can serve as a common reference point in the studies of medicine, opening the possibility to transfer between medical faculties.

Dangers

Often concerns are raised that a common core curriculum could compromise the autonomy of medical schools.

Integrated curricula, continuous renewal and reform of the curriculum

Prerequisites

It is vitally important that the implementation of the Bachelor/Master structure should not negatively impact either upon integrated or upon non-integrated curricula.

Clinical competences and experience should be within the core part of both the Bachelor of Medicine and Master of Medicine curriculum.

Every institution should have the opportunity to continue to teach medical education in the way they consider to be most suited to their students and the community they serve.

It is equally important that the implementation of the Bachelor/Master structure should not prevent curricula development; it should still be possible to improve, develop and reform within the Bachelor/Master structure.

Opportunities

The implementation of the Bachelor/Master structure for medicine could be a force for positive change. The implementation of a new structure may encourage institutions to reform and develop their curricula.

Dangers

We also recognise that implementing the Bachelor/Master structure might severely damage existing curricula, especially integrated curricula.

Integrity of the course

Prerequisites

The primary aim of the study of medicine is to create academic graduates capable of obtaining a license to practise medicine. The study of medicine is therefore considered as a whole, Bachelor of Medicine and Master of Medicine together.

A Bachelor of Medicine graduate is not qualified to fulfil the role of a physician unless enrolled in a medical Master programme or graduated as a Master of Medicine. Medical graduates within a Bachelor/Master structure should preferably have obtained both the Bachelor of Medicine and Master of Medicine degrees.

The adoption of a common European Core Curriculum for the Bachelor of Medicine is essential for educational continuity in a system where it is possible to transfer institutions between Bachelor and Master Studies.

Graduated Bachelors of Medicine must be guaranteed the right of entering their Master studies at the institution in which they have undertaken their Bachelor.

Opportunities

The option of choosing alternative career paths is considered a potential benefit for those students that discover they do not wish to continue with their medical studies after completion of the Bachelor degree. However, Bachelors of Medicine should preferably continue into a Master program of medicine.

Dangers

If Bachelors of Medicine choose to not obtain a Master of Medicine, society will loose potential doctors.

Internal Quality Assurance and external audit

Prerequisites

In a system where Bachelor of Medicine and Master of Medicine degrees achieved at any European higher education institution are recognised and of equal value all over Europe, sufficient quality assurance and audit is vitally important to assure the quality of diplomas and education.

Therefore we see the necessity of assessing educational outcomes as well as quality assuring the process of medical education in order to ensure patient safety and to promote the production of competent doctors fulfilling certain standards.

There is a need for consensus on European guidelines for quality assurance as the product of a dialogue between all stakeholders stressing student involvement. Students should not only be a part of reaching a consensus for European guidelines, but also be involved in regular evaluation procedures measuring the quality of their educational environment.

We recommend that the WFME/MEDINE European specifications to the WFME Global Standards in Basic Medical Education or similar documents could serve as a basis for the formal audit of medical schools.[15]

It is of vital importance that the aim of quality assurance must be to help medical schools improve the quality of their medical education programmes and not to create a ranking of medical schools. It is not acceptable for society, patients and graduates to create a system where Masters of Medicine from different institutions have different value.

The cost of audit should be kept as low as possible and not withdraw precious resources from the actual education.

A European authority guaranteeing that quality assurance guidelines are met should improve co-operation between the different stakeholders aiding quality assurance and ensuring that Bachelors and Masters of Medicine meet the standards required.

To aid the quality assuring processes and ensure transparency universities should define key elements of the curriculum and student facilities and make this information available to all stakeholders. This will also help ensuring that students can make an informed choice when deciding what institution to study at.

Opportunities

The demand to perform formal audit procedures as part of the implementation of Bachelor/Master structure and the development of the European Higher Education Area (EHEA) is applauded by the medical students of Europe.[18 19 20 21] We believe this will increase the quality of medical education in Europe.

Quality assurance and quality improvement as outlined in the IFMSA/EMSA “Copenhagen paper” should lead to mutual trust between faculties facilitating the ease of student mobility.[16]

Dangers

Patient safety might be endangered if adequate common European quality assuring processes are not agreed upon and implemented in all of Europe.

There is concern that patient safety could be seriously compromised if audit mechanisms are not implemented to assure the quality of diplomas and education.

Access to the Master phase

Prerequisites

There is a need for a European Core Curriculum for the Bachelor of Medicine as such as for the Master of Medicine if a Bachelor/Master structure is implemented. The "European Core Curriculum – the Students' Perspective" could serve as common basis for the learning outcomes of the two phases together.[8]

Internal assessment measures should guarantee that students of the Bachelor of Medicine meet the core competences of a European Core Curriculum for the Bachelor of Medicine.

Graduated Bachelors of Medicine must be guaranteed the right of completing their Master of Medicine at the institution in which they have undertaken their Bachelor securing the students' educational future.

Flexibility in the timing for graduated Bachelors of Medicine entering into the Master of Medicine is desirable to leave space for further personal and academic development.

Non-medical Bachelor graduates applying for a Master of Medicine must be able to demonstrate the core competences of a European Core Curriculum for the Bachelor of Medicine. The implementation of assessment of these competences must be based on best evidence available.

The autonomy of universities is essential. Universities should be able to decide upon the admission criteria and number of students for their Master program that did not complete that institution's Bachelor of Medicine. Universities are encouraged to offer pre-master courses if required for those applicants not meeting their admission criteria.

Furthermore all applicants (e.g. medical or non-medical Bachelors) need to satisfy the specific requirements of the faculty in question and show sufficient skills to communicate with patients and other stakeholders in the official language of the community in which they are studying.

The admission criteria must be fair, equal, transparent and in accordance with European quality assurance standards.

Not only academic information must be forwarded to the other higher education institution but preferably also information about the student's fitness to practice. This information is essential for patient safety and otherwise may get lost when a student is admitted at another institution for the Master phase.

To ensure that students can make an informed choice when deciding what institution to study at, we encourage medical faculties to compile an international curriculum database detailing the constituents of their specific curricula. Universities should also describe their student facilities and make this information available.

Opportunities
Implementing the Bachelor/Master structure can open the possibility to transfer between medical faculties after achieving a Bachelor of Medicine, giving Bachelors of Medicine the option of choosing between different Masters of Medicine.

Competition among universities to implement attractive medical Master programmes could result in high quality learning environments.

Dangers
Admission to the Master phase based on the grades of Bachelor diplomas may lead to the establishment of institutions considered to be superior or inferior of others and thus lead to inequality of the Degrees.

If access to the Master phase at the same institution one has completed the medical Bachelor is not guaranteed, a pool of Bachelors of Medicine, waiting for admission to the Master phase, will develop.

Promoting the European dimension of Higher Education and Healthcare

Prerequisites
Several barriers to mobility are recognised. Solutions need to be found to overcome the many practical problems limiting mobility and we advise discussing ways to address these problems.

Mobility as described in the Bologna Declaration and its follow-up communiqués could be aided by the implementation of a Bachelor/Master structure, when the implementation of a common European core curriculum needed to facilitate movement between institutions is considered.[1,2,3,4,5,6,8]

It is essential that faculties and their staff members take an active role in promoting mobility and finding solutions to overcome practical problems limiting mobility.

To achieve mobility and a flexible Bachelor/Master structure universities are also encouraged to offer medical language courses to their medical students in foreign European languages.

Opportunities
The introduction of a harmonized Bachelor/Master structure in medical studies can increase mobility. Increased mobility is important for society because it may improve healthcare.

Mobility fosters a deeper understanding of Europe’s diverse cultures, health care systems and therefore leads to better treatment of patients. Mobility will aid the development of a European environment of medical science in which medical students and professionals can collaborate to improve healthcare.

Increased mobility may also benefit the individual student because graduates might enjoy a wider range of employment opportunities due to improved language skills and greater understanding of different healthcare systems and cultures.

It is also important to note that educational mobility within Europe promotes a European identity and the European idea.

Dangers

Language barriers and the financial disparity between EU-member states may result in unequal possibilities for students to benefit from the mobility inherent in the Bachelor/Master structure.

Utilisation of Medical degrees

Prerequisites

Bachelor and Master Degrees are academic degrees granted by universities. Neither the title Bachelor/Master of Arts nor Bachelor/Master of Science should be used for medicine but rather the Bachelor/Master of Medicine be established, protected and its core learning outcomes defined by the legislative bodies.

The definition of a Bachelor of Medicine or Master of Medicine degree should be clear to all stakeholders, especially to society.

The Bachelor of Medicine degree should be conferred when the designated period of study has been successfully completed and the core competences described in a European Core Curriculum for Bachelors of Medicine as well as specific faculty requirements are achieved.

A Bachelor of Medicine graduate is not qualified to fulfil the role of a physician unless enrolled in a Master of Medicine programme or graduated as a Master of Medicine. Therefore the definition of a Bachelor/Master of Medicine degree should be clear.

The award of a Masters of Medicine does not necessarily confer the right to practice medicine; such a right will be granted in accordance with national regulations. This is essential to guarantee patient safety. Furthermore we stress that the study and practice of medicine should be in accordance with relevant European regulations.[9]

Cooperation between all stakeholders is necessary to achieve comparability of degrees.

We recognise the professional autonomy of other healthcare professionals and stress that Bachelors of Medicine can only enter these professions after further subject specific education.

Opportunities

We endorse the possibility for students not choosing to practice medicine to leave the study of medicine after the Bachelor phase with an academic title.

Dangers

The potential exists for confusion regarding the abilities of a Bachelor of Medicine. This may have a subsequent impact on patient safety.

Tuition fees

Prerequisites

The introduction of Bachelor/Master of Medicine degrees must not be used to introduce higher or additional tuition fees for the study of medicine.

Dangers

The study of medicine already causes significant financial burden to medical students and their families. The necessity for students to work to afford tuition fees that may follow the implementation of a Bachelor/Master structure could increase study length and have an adverse effect upon educational outcomes.

There is the potential risk that higher or additional Master tuition fees would disadvantage some students wishing to access the Master course.

Appendix 1: History

With the signature of the Sorbonne Declaration in May 1998 the ministers in charge of higher education of France, Germany, Italy and the United Kingdom initiated a reform process of the European Higher Education Area with the primary goal to strengthen Europe's position towards North America, especially the United States.[1]

The idea was well received by other ministers of higher education and in June 1999, 29 European countries signed the Bologna Declaration, laying the basis for the European Higher Education Area (EHEA). [2] They agreed on regular follow-up meetings and 6 action lines:

- To adopt a system of easy readable and comparable degrees;
- To adopt a system with two main cycles;
- To establish a system of credits;
- To promote mobility;
- Promote co-operation in quality assurance;
- Promote the European dimension of higher education.

Two years later at the first follow-up conference three further action points were introduced:

- Lifelong learning;
- Involvement of higher education institutions and students;
- Promotion of the attractiveness of the EHEA.[3]

In Berlin the 10th action line was agreed upon (third cycle and the European Research Area). It was decided that for the following two years focus shall lie on the action lines promoting quality assurance, the two-cycle-system and the recognition of degrees and periods of studies.[4]

From 2005 the meetings reviewed progress on the action points and defined target points to work on until the next meeting.[5 6]

Currently the Bologna Declaration and its action lines have been signed by 46 European states and its action lines are discussed and implemented in other parts of the world as well.

Appendix 2: Medical students and the Bologna Process

In 2003, medical students representing the European Medical Students' Association (EMSA) and the International Federation of Medical Students' Associations (IFMSA) began work on the implementation of the Bologna Process in medicine. Since then, six meetings have been held.

As the first international organisations stating an opinion on the implementation of the Bologna Process in medicine, EMSA and IFMSA adopted a policy from the 3rd Bologna Process follow-up meeting in Megève (France) in 2004.[17] Both organisations strongly welcomed most of the action lines which encourage flexibility, mobility and quality assurance. They emphasised the importance of three points:

1. *"A common system for quality assurance of medical education in Europe would increase mobility and improve the quality of tomorrow's physicians.*
2. *We are concerned about the negative implications of a two-cycle structure on medical education. Harmonization of medical education in Europe is crucial whatever system exists.*
3. *Student involvement is essential at all levels of the process."*

However, not implementing the 2-cycle structure should not be an excuse not to implement the rest of the Bologna process. The importance of common European guidelines for the content of medical degrees was emphasised as well.

One year later, the follow-up conference was held in Copenhagen (Denmark).[16] The medical students of Europe stated their strong commitment to supporting the quality movement in medical education: "*However, the European Higher Education Area was challenged to set their sights higher. There is no guarantee that quality improvement naturally follows upon quality assurance. Rather, quality assurance is a first step towards the implementation of quality improvement. The move from quality assurance to quality improvement must be consciously and systematically implemented. This effort begins with involving stakeholders and widespread dissemination of evaluation results and continues with the establishment of a common core curriculum, the systematic use of improvement tools and the universal understanding that the ultimate goal of medical education is to improve the health of our citizens."*

Following from discussions at the conference in Copenhagen, the "European Core Curriculum - *the Students' Perspective*" was written at the 5th follow-up conference in Bristol (UK), 2006.[8] This outcome-based core curriculum is the first international outcome-based core curriculum from the students' perspective; taking into account other curricula and reflecting the opinion of the medical students in Europe of how their course of study shall be shaped in the future.[22 23 24 25 26 27] The curriculum, comprising of 9 domains with 76 learning outcomes, describes the core knowledge and learning outcomes expected from European graduates of medicine.

The Core Curriculum has had a considerable impact at a national and international level through: presentations at international and national conferences; adoption by the Standing Committee of European Doctors (CPME) at the CPME March General Assembly 2007; publication by "Medical Teacher" and translations into Dutch, French, German, Greek and Spanish.[28 29 30]

Appendix 3: Glossary of terms

Audit	Audit is the evaluation of a person, organisation, system, process, project or product. Audits are performed to ascertain the validity and reliability of information and also provide an assessment of a system's internal control.
Bachelor/Master structure	The two cycle structure as outlined in the Bologna Declaration.[2 3 4] These are not necessarily directly compatible or comparable to existing degrees of the same name (such as those within the UK).
Erasmus mobility	The opportunity to spend time during Bachelor or Masters studies at another higher education institution participating in the Erasmus exchange network recognising exams and certificates thus not loosing time or credits.
Graduate's mobility	Opportunity for graduated Masters of Medicine to practice in the signatory countries as lined out in directive 2005/36/EC.[9]
Integrity of the course	To be prepared for patient care in the best way possible, the aim of consecutive Bachelor and Master of Medicine courses is to prepare students for the practice of medicine. Thus we want to stress that integrity refers to the idea of the two phases being consecutive.
Mobility	Unless stated otherwise (-> Erasmus mobility, Graduate's mobility), mobility refers to the possibility for students to move between higher education institutions or courses of study after successfully completing the Bachelor phase.
Non-medical Bachelor	All Bachelor Degrees other than Bachelor of Medicine.
Physician track	The study of both the Bachelor and the Master of Medicine in obtaining the outcomes required to obtain full licensure as a practitioner.
Quality	As outlined in the "Copenhagen paper" on Quality Assurance in Medical Schools, IFMSA and EMSA define quality as the "characteristics of a function, process, system or object that is fulfilled when compared to predefined goals or standards".[16]
Quality assurance	As outlined in the "Copenhagen paper" on Quality Assurance in Medical Schools, IFMSA and EMSA define quality assurance as an internal mechanism "to warrant that the predefined standards are met".[16]
Quality improvement	As outlined in the "Copenhagen paper" on Quality Assurance in Medical Schools, IFMSA and EMSA define quality improvement as "a continuous process to review, critique and implement changes".[16]

Appendix 4: Opinions and Discussion of Conference Participants

"The introduction of the Bachelor/Master structure to the study of medicine, as described in the Bologna declaration, may facilitate the assurance of both the quality of European medical graduates and the quality of the courses studied."

"This (patient safety, competent doctors) can be supported by the introduction of the Bachelor/Master structure if an implementation according to sufficient European guidelines is achieved."

"The existence of an additional reference point after 3 years will help the harmonisation of medical education, promote mobility by enabling curricular comparability and offer students a sense of achievement as it will verify the core competencies achieved at this stage."

"Implementation of harmonized Bachelor/Master structures according to sufficient European guidelines may provide opportunities to standardize the competency of medical graduates across the Europe."

"To achieve the transparency needed for successful mobility within the European Higher Education Area we strongly recommend the use of the diploma supplement."

"Faculties are encouraged to assess admissions criteria not only in high stakes exams, but also using other robust tools for validation of student competence."

"A second selection process for the Master entry of Bachelors in medicine of the same institution may duplicate effort and be wasteful of resources."

"Patients are an intrinsic part of medical education in both Bachelor and Master cycle. By participating in the training of medical students, patients generously gift their consent and expect that this will result in the production of competent doctors in return. By encouraging medical students to only graduate with a Bachelor we breech this implied contract."

"Faculties should consider offering parts of their curriculum in a foreign European language."

"All stake holders in the Bologna process should exchange knowledge of best practice in implementing the two cycles in medical studies."

"Some medical students argue that without harmonisation across curricula medical graduates may lack core competencies and as a result patient safety will be compromised."

"The implementation of the diploma supplement will assure the comparability of medical Bachelor and Master Degrees."

“Mobility may damage the quality of medical education due to the potential risk of students missing out on core curricular elements whilst transferring between institutions.”

“Ranking medical schools based on quality assurance reports would compromise the equal value of medical Bachelor and Master Degrees within a European Higher Education Area.”

“Financial resources should be allocated to stimulate and increase mobility.”

“The medical Master degree can be obtained after a period when the core competences of a European Core Curriculum are obtained.”

“Further work should be conducted to establish possible employment opportunities for Bachelors in medicine.”

“In addition to both the Bachelor’s and the Master’s diploma there should be a diploma supplement.”

“Legislation bodies should ensure that evaluation and accreditation measures are implemented to achieve transparency.”

“A common European definition of a physician could prevent societal misunderstanding of the Bachelor/Master structure.”

“Optional elements within the medical Bachelor and Master courses can and help students to explore fields of interest for their future development.”

“The awarding of Bachelor degrees allows students to re-evaluate their career aspirations.”

“Awarding medical Bachelor degrees allows universities the opportunity to recommend alternatives based on the students’ strengths.”

“Implementation of medical Bachelor degrees may result in an increase in the cost-effectiveness of the education for the society but must not adversely impact upon educational quality.”

“Faculties should be aware that one of the underlying motivations behind the Bologna process is economic.”

“Implementation of the Bachelor/Master structure may be a force for positive change and modernisation of medical curricula and must not lead to the prevention of innovation in teaching.”

“Integrity of the course helps prevent unhealthy competition among students mid-way through medical studies.”

“We feel that business is aware of the capacities and limitations of a Bachelor in medicine and that opportunities exist for Bachelors to directly enter the labour market.”

"New professions are coming to prominence within healthcare settings and we believe that the medical Bachelor degree could be an attractive starting point for further professional training and development."

"Medical Bachelors may require extra training to achieve employment."

"We feel that it is desirable to implement integrated curricula where there are no legal impediments to this."

"Medical students should show sufficient skills to communicate with patients and other stakeholders in the official language of the community in which they are studying."

"A common European profile for medical graduates could be fostered by the implementation of the Bachelor/Master structure. "

"The core curricula of the Bachelor and the Master of Medicine must not be seen alone but should be linked together in a framework leading to the production of competent physicians."

"Admitting Bachelors from other faculties takes administrative time. This may lead to an increase of the time required to complete the medical degree."

"*´No single assessment method can provide all the data required for judgement of anything so complex as the delivery of professional services.`* [31] Therefore higher education institutions might struggle admitting non-medical Bachelors for the Master of Medicine whilst ensuring best possible patient safety."

References

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[1] Sorbonne Declaration (1998). "Joint declaration on harmonisation of the architecture of the European Higher Education System". Paris. Online available: http://www.bologna.msmt.cz/PragueSummit/Sorbonnska%20deklarace-plne%20zneni%20aj.doc (accessed 3 August 2007)

[2] Bologna Declaration (1999). "Joint declaration of the European Ministers of Education convened in Bologna on the 19th of June 1999". Bologna. Online available: http://www.bologna-bergen2005.no/Docs/00-Main_doc/990719BOLOGNA_DECLARATION.PDF (accessed 3 August 2007)

[3] Prague Communiqué (2001). ""Towards the European Higher Education Area". Prague. Online available: http://www.bologna.msmt.cz/PragueSummit/Fcommunique.html (accessed 3 August 2007)

[4] Berlin Communiqué (2003). "Realising the European Higher Education Area". Berlin. Online available: http://www.bologna-berlin2003.de/pdf/Communique1.pdf (accessed 22 July 2007)

[5] Bergen Communiqué (2005). "The European Higher Education Area – Achieving the goals". Bergen. Online available: http://www.bologna-bergen2005.no/Docs/00-Main_doc/050520_Bergen_Communique.pdf (accessed 27 July 2007)

[6] London Communiqué (2007). "Towards the European Higher Education Area: responding to challenges in a globalised world". London. Online available: http://www.dfes.gov.uk/londonbologna/uploads/documents/BWSE_ExecutiveSummary_final.pdf (accessed 3 August 2007)

[7] Joint Quality Initiative informal group (2004). "Shared 'Dublin' descriptors for Short Cycle, First Cycle, Second Cycle and Third Cycle Awards". Dublin.

[8] IFMSA/EMSA (2006). "European Core Curriculum – *the Students' Perspective*". Bristol. Online available: http://www.ifmsa.org/scome/wiki/index.php?title=European_Core_Curriculum_-_the_Students%27_Perspective (accessed 3 August 2007)

[9] Directive 2005/36/EC of 7 September 2005. Strasbourg. Online available: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:EN:PDF (accessed 22 July 2007)
[10] Standards and Guidelines for Quality Assurance in the European Higher Education Area – http://www.bologna-bergen2005.no/Docs/00-Main_doc/050221_ENQA_report.pdf
[11] World Health Organization (WHO) & World Federation for Medical Education (WFME) (2004). "WHO/WFME Strategic Partnership to Improve Medical Education". Geneva/Copenhagen.
[12] World Health Organization (WHO) & World Federation for Medical Education (WFME) (2005). "WHO/WFME Guidelines for Accreditation of Basic Medical Education". Geneva/Copenhagen.
[13] World Federation for Medical Education (WFME) (2005). "Promotion of Accreditation of Basic Medical Education: A Programme within the Framework of the WHO/WFME Strategic Partnership to Improve Medical Education". Copenhagen.
[14] World Federation for Medical Education (WFME) (2003). "Basic Medical Education – WFME Global Standards for Quality Improvement". Copenhagen. Online available: http://www2.sund.ku.dk/wfme/Activities/WFME%20Standard%20Documents%20and%20translations/WFME%20Global%20Standards%20forside.htm (accessed 27 July 2007)
[15] Medical Education in Europe (MEDINE) – The Thematic Network on Medical Education in Europe (2007). "WFME Global Standards for Quality Improvement in Medical Education – European Specifications". Copenhagen.
[16] IFMSA/EMSA (2005). "Quality Assurance in Medical Schools – Moving from Quality Assurance to Quality Improvement". Copenhagen. Online available: http://www.ifmsa.org/scome/wiki/index.php?title=Quality_Assurance_in_Medical_Schools (accessed 3 August 2007).
[17] Westbye H (2004). "The Bologna Declaration and Medical Education: A Policy Statement from the Medical Students of Europe". *Med Teach*, 27, pp. 83-5
[18] Council recommendation of 24 September 1998 (98/561/EC). Brussels. Online available: http://europa.eu.int/eur-lex/pri/en/oj/dat/1998/l_270/l_27019981007en00560059.pdf (accessed 27 July 2007)
[19] Berlin Communiqué (2003). "Realising the European Higher Education Area". Berlin. Online available: http://www.bologna-berlin2003.de/pdf/Communique1.pdf (accessed 22 July 2007)
[20] Bergen Communiqué (2005). "The European Higher Education Area – Achieving the goals". Bergen. Online available: http://www.bologna-bergen2005.no/Docs/00-Main_doc/050520_Bergen_Communique.pdf (accessed 27 July 2007)
[21] European Association for Quality Assurance in Higher Education (ENQA) (2005). "Standards and Guidelines for Quality Assurance in the European Higher Education Area" Helsinki. Online available: http://www.enqa.eu/files/ESG_v03.pdf (accessed 27 July 2007)
[22] British Medical Association, Medical Students Committee (2005). "Medicine in the 21st century – Standards for the delivery of undergraduate medical education". London.
[23] Frank JR (Ed.) (2005). "The CanMEDS 2005 Physician competency framework. Better standards. Better physicians. Better care". Ottawa: The Royal College of Physicians and Surgeons of Canada.
[24] General Medical Council (2003). "Tomorrow's Doctors – Recommendations on Undergraduate Medical Education" (London, GMC).
[25] Core Committee, Institute of International Medical Education (2002). "Global minimum essential requirements in medical education". *Med Teach*, 24(2), pp. 130-35
[26] The Scottish Deans' Medical Curriculum Group (2002). "The Scottish Doctor – learning outcomes for the medical undergraduate in Scotland: A foundation for Competent and reflective practitioners". *Med Teach*, 24(2), pp. 136-43
[27] Newble D, Stark P, Bax N, Lawson M (2005). "Developing an outcome-focused core curriculum". *Med Educ*, 2005; 39: 680-87
[28] CPME 2006/144 Final EN
[29] Hilgers J, de Roos P (2007). "European Core Curriculum – the Students' Perspective, Bristol, UK, 10 July 2006". *Med Teach*, 29, pp. 270-75
[30] Rigby E (2007). "Taking forward aims of the Bologna Declaration: European Core Curriculum – the Students' Perspective". *Med Teach*, 29, pp. 83-4
[31] Miller GE (1990). "The assessment of clinical skills/competence/performance". Academic Medicine, 65(9), S63-S67.