

# The Bologna – Declaration and its implications for the medical curriculum

**W. Gerke, MD, MME  
Ch. Schirlo, MD, MME**

**Faculty of Medicine  
University of Zurich  
Switzerland**



May 2004

## 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

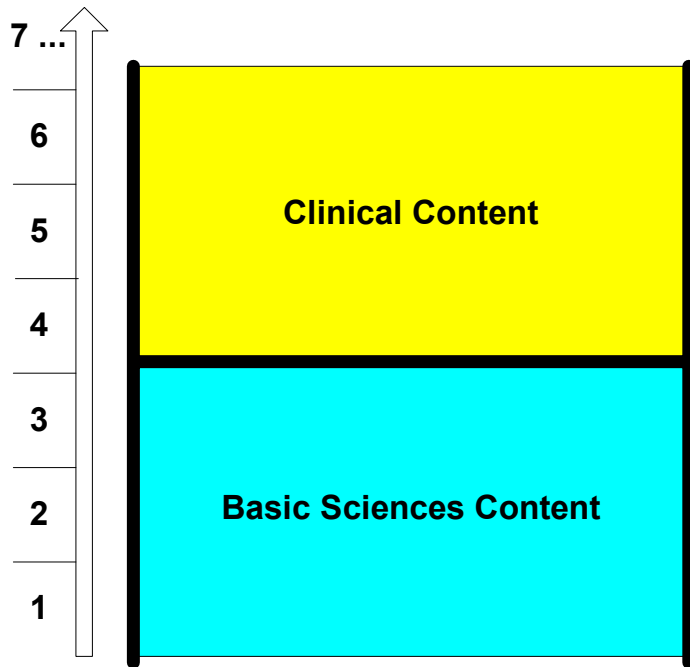
- quality assurance
- Adoption of a system essentially based on two main cycles, undergraduate and graduate (Bachelor/ Master)
- Ongoing discussion on the quality of medical education; national initiatives for reform, accreditation and quality assurance
- No - the critical issue

# The ongoing reform of medical curricula

Traditional curriculum

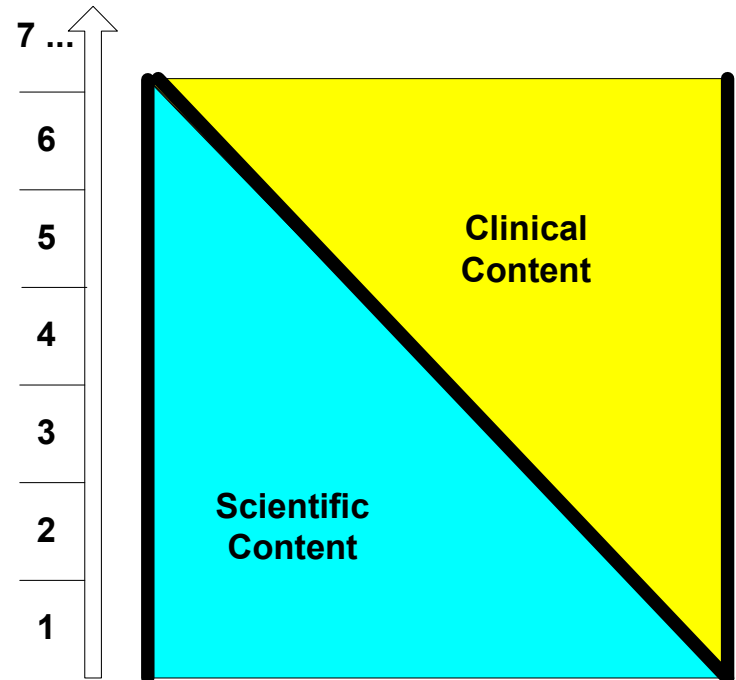
Reformed curriculum

GRADUATION



START

GRADUATION



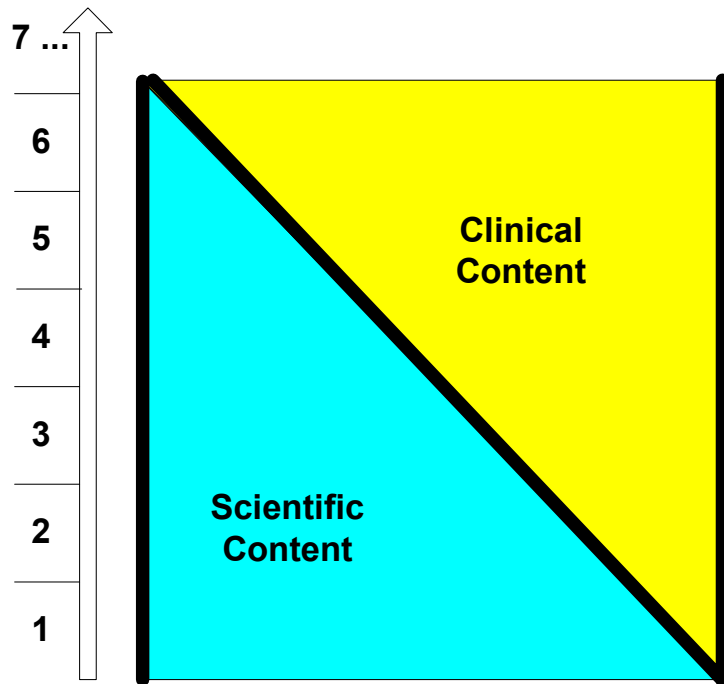
START

# New medical curricula and the Bologna structure

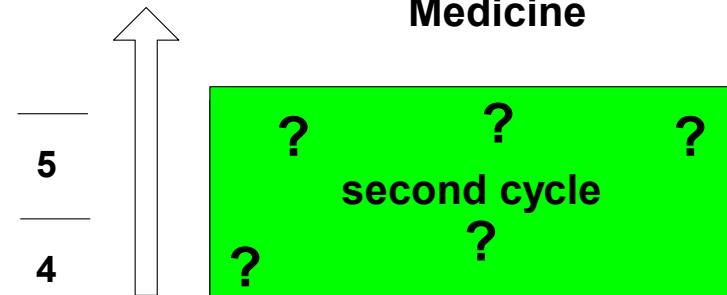
Reformed curriculum

Bologna curriculum

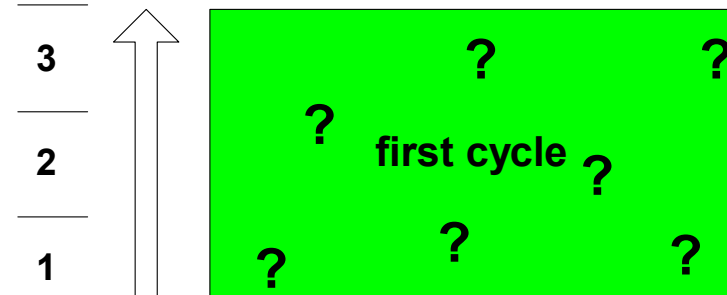
GRADUATION



Master of  
Medicine

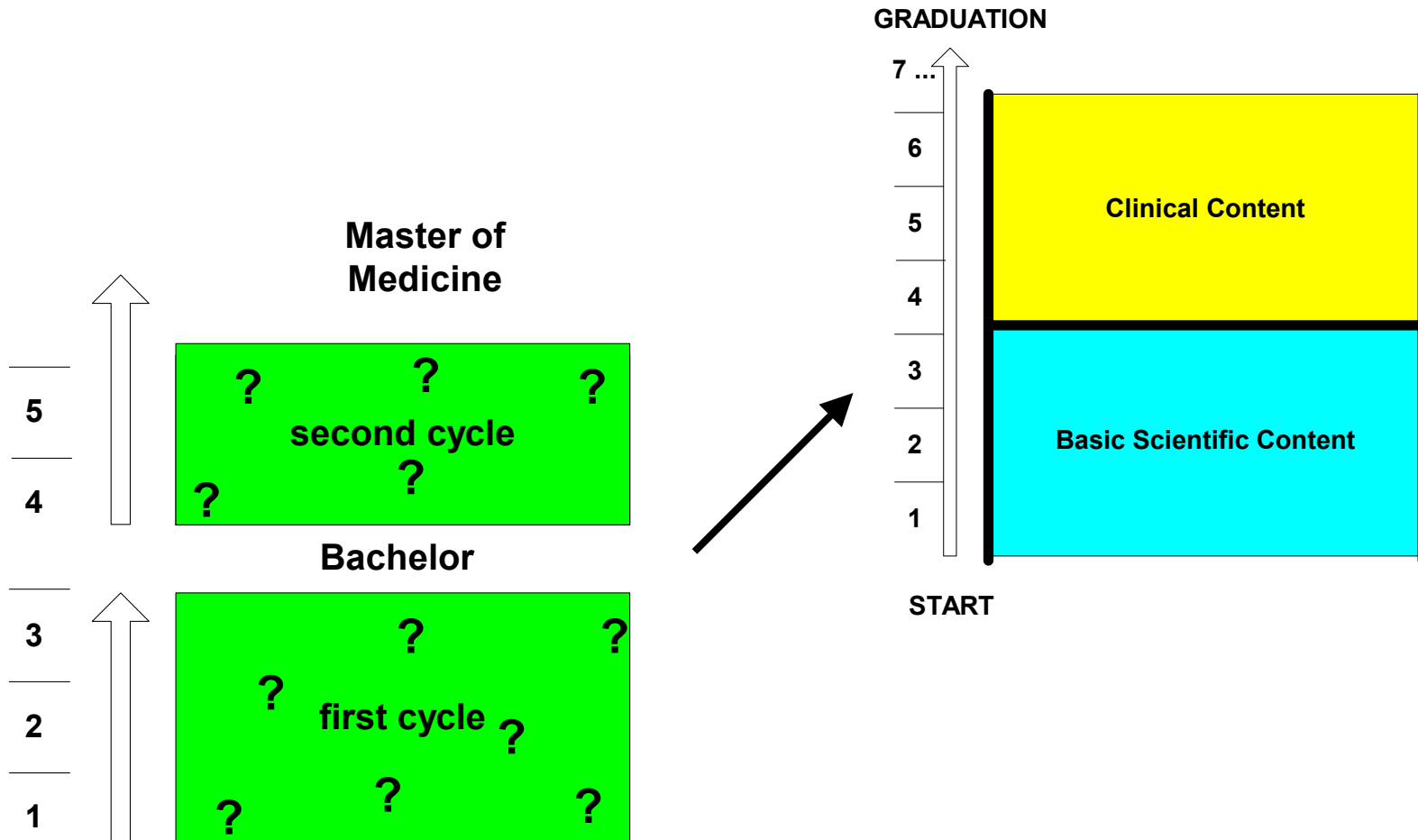


Bachelor

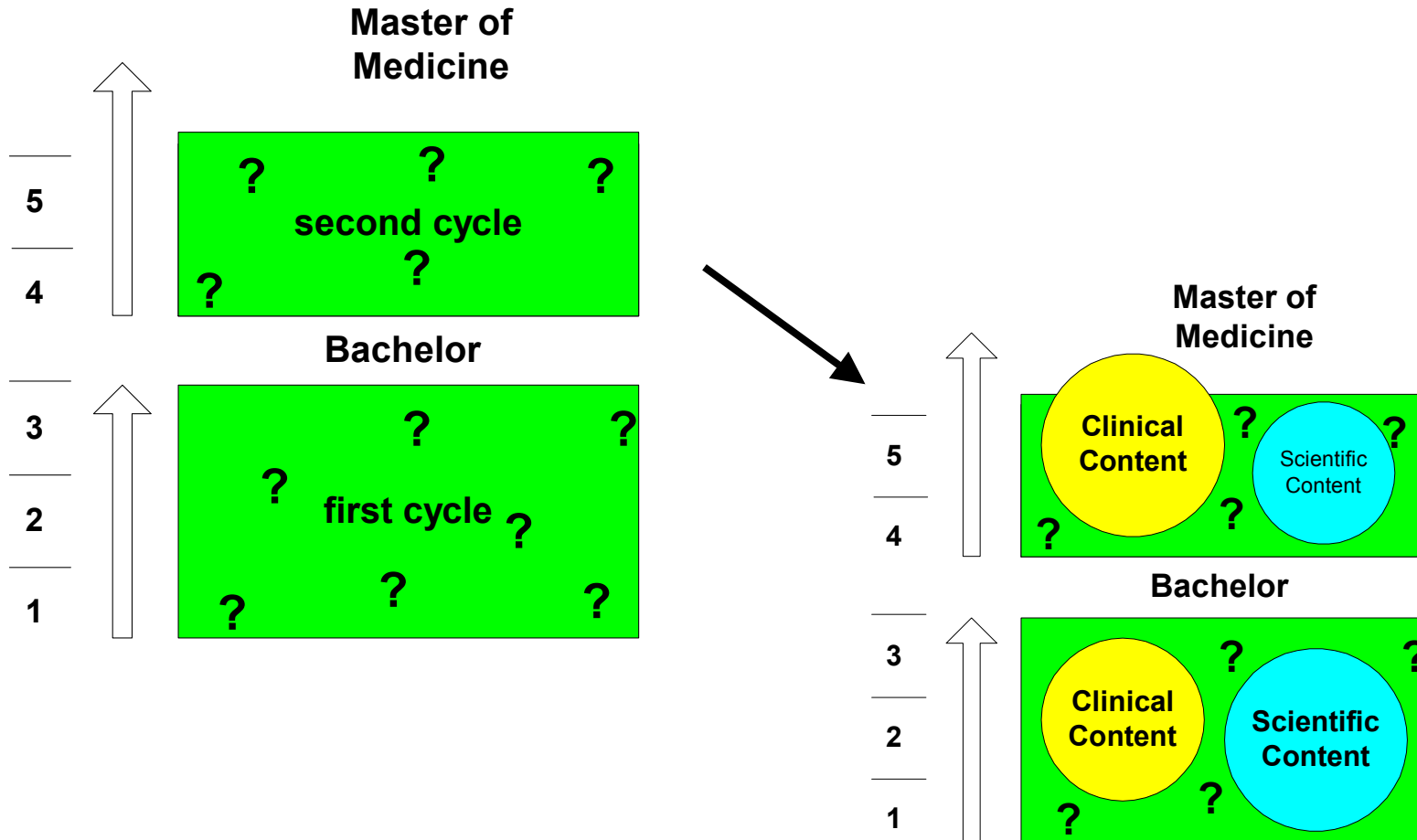


START

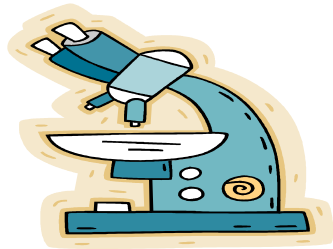
# New medical curricula and the Bologna structure



# New medical curricula and the Bologna structure

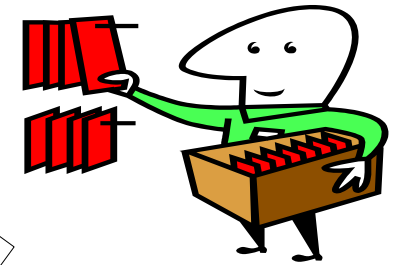
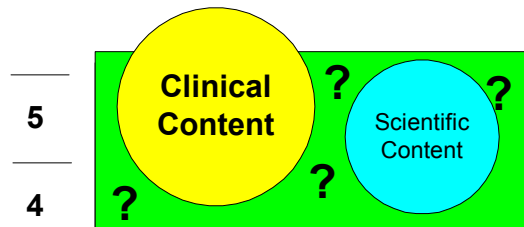


# The Bologna Process: interfaces in the medical curriculum



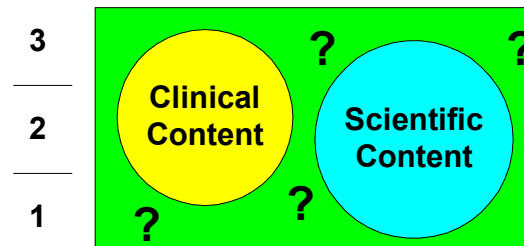
Master of  
Medicine

Different Master  
Programme

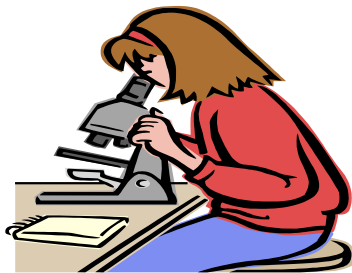


Bachelor

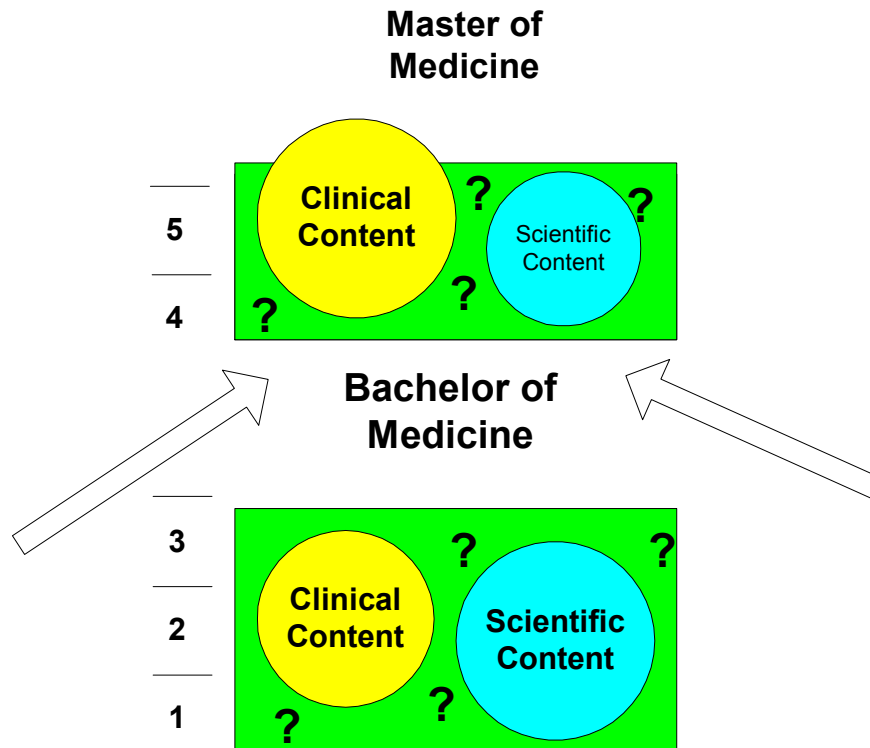
Labour - Market



# 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