



European Medical Students' Association

Association Européenne des Étudiants en Médecine

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European Medical Doctorate

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The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

Executive Summary

A medical doctorate serves as a degree given for physicians. Differences that identify this degree among European countries aggravate the transition process and harmonization in the academy. There have been several efforts, like the Bologna process, to achieve this standardization and with this policy paper, we aim to provide medical students' points of view on the topic and keep advocating through recommendations to relevant stakeholders.

Problem Statement

A medical doctorate or doctoral degree is an academic degree awarded as a result of higher education or research process, derived from the ancient formalism licentia docendi ("licence to teach") and The Doctor of Medicine (MD) serves as the highest degree for physicians and surgeons. Depending on the country, it can be either a professional doctorate (eg. Austria) or a research (academic) degree (eg. Germany). In some countries, a number of medical faculties provide dual-degree programmes which are entitled as MD-Ph.D., aiming to educate students to become physician-scientists. In the context of this study, an MD-Ph.D. graduate is defined as someone who has successfully obtained both the medical diploma and the Ph.D. degree (dos Santos Rocha et al., 2020).

Without a doubt, the common purpose of Doctor of Medicine degrees is designed to prepare highly skilled medical professionals who would be capable of meeting medical challenges in a wide variety of settings. Nevertheless, the title's diversity makes it difficult to compare which facilitates immobility of European medical students in their further career as well as distrust in the degree and medical science professionals.

Our View. Aim.

The use of the doctorate title varies widely, both depending on the type and the associated occupation. Variety in degree's requirements makes arrangements harder and confusing, thus causing complicated mobility and validity conditions. Also, the number and types of doctorates awarded has proliferated throughout the world since practice varies from one country to another and by that causing imparity and disequilibrium.

In this day and age, national borders do not confine medical education. As the incoherency of medical education has become a European concern, Bologna Declaration was signed in 1999 and 48 countries were involved in the Bologna two-cycle model for medical education by 2007. The European Higher Education Area (EHEA) is a network of 49 countries that share a common system for university degrees. It consists of all 28 EU members (including the UK) as well as other countries in Europe and Eurasia. All EHEA members should follow the Bologna Process, which was an agreement signed in 1999 at the University of Bologna. Bologna Declaration states that higher education programmes should become organized according to the bachelor-master structure, with bachelor's degree usually taking three years while masters are taking two, and that the content of the programmes should be based on clearly described competencies. The main goal of this agreement was to encourage European countries to achieve a common frame, aiming at improving external recognition and easing student mobility as well as employability. Furthermore, during "Berlin communiqué" in 2003, commitments were made to

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establish European Higher Education Area (EHEA) by 2010 by promoting closer links between EHEA and European Research Area (ERA), finally including the doctorate level as the third cycle, workload corresponding three to four years. However, the implementation of the Bologna agreement and the developments of the Bologna objectives did not happen identically in all European countries. In fact, only 7 out of 41 countries have adopted this model in undergraduate medical education and a lot of signatory countries have stated that the two-cycle system will not be implemented in their country by emphasizing the complexity of forming a new coherent, horizontally, and vertically integrated medical curricula (Patricio et al, 2008).

As a result of the incoherency of medical education, the term “doctor of medicine” has been interpreted differently across Europe for a long time. Being often used as a synonym for the term “physician” (MBBS), it is also used as a university title signifying a successful defence of a dissertation after research, therefore is an academic degree in some countries such as Germany and is awarded by a process ‘promotion’. However, the European Research Council decided in 2010 that such Dr. med. degrees do not meet the international standards of a Ph. D. research degree (Sarah Schmidt, 2015). On the other hand, the Finnish requirement for entrance into doctoral studies is a master’s degree or equivalent (FINLEX). As seen, there is still no standard length or credit value for a Ph.D. in Europe and individual programmes may include additional training or other elements in addition to individual’s research project. This clarifies degrees a ‘must’ as there is a certain need for harmonization due to the increase of doctor migration in Europe (Karle,2006; Hallock et al. 2007; Herfs et al. 2007).

The development of a European and wider international dimension in higher education is a fundamental aspect of the Bologna Process while some discussions are ongoing about how to promote more mobility at the doctoral level. Even though the implementation of Bologna objectives was unsuccessful due to many reasons, it was the first step that was taken by European countries for the standardization of medical doctorate; therefore, it should be explored further to form a new model in medicine for clarification of degrees, terminology and curricula structure of medical education in the European countries.

Recommendations

EMSA calls upon European Institutions to:

- widely establish graduate schools in order to refine a different qualification for postgraduate medical research - the academic degree of Doctor of Philosophy (Ph.D.), awarded for scientific research with innovative components.
- The medical doctorate in accordance with the Bologna objectives should further be explored to form a new model in medicine for clarification of degrees, terminology, and curricula structure of medical education in the European countries.
- constitute a common curriculum that is designed by actively involved students, full members of the academic community, as well as other stakeholders.
- define the international "meta-recognition" of institutions and programs.
- coordinate the assessment procedures within the EEA as long as there is no EEA directive about non-EEA doctors.
- provide adequate funding to enable vulnerable and underrepresented groups to access and excel in higher education in coordination with the goals of Bologna guidelines.

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- The inspection and approval of medical faculties in means of supervising should be conducted by considering the Bologna guidelines.
- encourage all faculties to follow the Implementation Report of the Bologna Process.

EMSA calls upon Medical Education Associations (AMEE, WFME) to:

- clarify and dialogue on aspects of medical education regarding the methodologies and approaches applied in the medical doctorate and its integration with other degrees.
- promote the WHO/WFME Guidelines regarding Global standards and accreditation in medical education.
- promote the exchange of research studies and share best practices and teaching and learning within medical doctoral degrees..
- facilitate the process of harmonisation and clarify degrees further by supporting the
- European Qualifications Framework.
- define standards and introduce effective and transparent accreditation systems that are independent, and based on criteria specific to medical education (according to the WHO/WFME Guidelines)
- develop future databases based on the accreditation status information.

EMSA calls upon National Medical education NGOs to:

- raise awareness regarding the Bologna Declaration policies in their own countries among Medical Educators.
- clarify and dialogue on many aspects of Medical Education.
- provide guidelines and to inform Medical Educators about national policies.
- promote the WHO/WFME Guidelines regarding Global standards and accreditation in medical education.
- promote the national accreditation systems and to provide information about the accreditation status- agencies involved and criteria and procedures used.
- conduct necessary regulations in coordination with Bologna guidelines.

EMSA calls upon Medical Faculties, Hospitals and Higher Education Councils to:

- ensure that all medical students are trained adequately in academic research and writing during the course of their studies, and to establish a European Core Curriculum along these lines to lay the basis for evidence-based medicine in clinical practice and high-level research.
- diversify the curricula structure according to the Bologna Declaration and to recognize, support, and provide opportunities for quality education as well as improving the academics' competencies.
- create or re-organize their resources and facilities according to Sorbonne and Bologna Declarations.
- pursue the activities and innovations in medical education, applied to teaching and learning within medical doctoral degrees, of medical faculties in Europe as well as all around the world.
- encourage medical educators to prepare lectures according to pre-determined standards.

EMSA calls upon Medical Educators to:

- empower and encourage all healthcare students and professionals to pursue their academic interests to their furthest desire and potential.
- prepare medical students for postgraduate education and lifelong learning, using modern teaching methods and self-directed learning.
- follow the latest research in their field and to be able to adapt them as well as the materials used in the lectures, taking into account the specificities of the learning context within medical doctoral degrees..
- shape the lecture content according to certain standards that are indicated in the guidelines.

EMSA calls upon EMSA Faculty Member Organizations and medical students across Europe to:

- advocate in favour of a better and standardised medical education at local, national, and international levels.
- promote to reach external partners or experts for getting the necessary information for engaging global standards and accreditation within faculties.
- encourage active participation in International Medical Education Congresses.
- encourage medical students across Europe to get actively involved in the constitution of the common curriculum.

Conclusion

There is a certain need for the harmonization of doctorate or even medical degrees across Europe. We would like to urge all relevant stakeholders to pay attention to achieving standardization for medical education as well as strengthening existing works like the Bologna Process. EMSA has also committed itself to high-level advocacy in this field.

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