The Bologna Process and the reform of medical education

In 1988, the Magna Charta Universitatum was signed at a meeting of European University rectors on the occasion of the 900th Anniversary of the University of Bologna to mark their commitment to harmonising the European Higher Education sector. Subsequently in 1999, Ministers of Education from 29 countries were co-signatories to the Bologna declaration. Since that time, the Bologna process has developed from a declaration of commitment to improving education to a process dedicated to standardising education, ensuring quality whilst maintaining the appropriate level of flexibility.

Meanwhile advances in medical knowledge, the need for equitable provision of healthcare across culturally diverse regions and the shift in educational practice to an emphasis on self-directed and lifelong learning have provided an impetus for reform in medical education. The reaction among medical institutions to the Bologna Process was originally one of concern but gradually came the realisation that the implementation of the process could provide a platform on which to base reforms in medical education to the benefit of the student and ultimately to patient care.

At a seminar dedicated to the Bologna Process at the Association of Medical Educators in Europe (AMEE) meeting in Malaga this year, the impact of implementing the Process on medical education was analysed. In particular, the experience of medical schools with Bologna-compliant medical curricula was reviewed. A survey carried out amongst participants at this seminar revealed increasing support for the adoption of the Bologna process in European medical education. AMEE in collaboration with the European Medical Students’ Association (EMSA) and the International Federation of Medical Students Associations (IFMSA) is currently formulating a position statement highlighting their vision for the implementation of this process.

Meanwhile the question arises as to what the position of medical education is in relation to the Bologna process in Malta. This was highlighted when Malta participated in a survey carried out by AMEE in collaboration with MEDINE2, the EU funded network that has the remit of analysing a number of issues in relation to harmonisation, quality assurance and research in medical education in Europe. In Malta, there have been discussions regarding the implementation of a two cycle system in medical education, but we currently still adhere to a one cycle system at the University of Malta Medical School. Furthermore, there is so far no legislation to back the implementation of this process. The general perception, in fact, is that the MD course in Malta is a professional one and given the skills and competances that graduates MUST possess, the two cycle system is generally not perceived as being an appropriate one to implement at present. In the meantime however, the medical curriculum is under review.

Medical Education in Europe, and certainly in Malta, looks forward to a continuing period of reflection, assessment and renewal as a result of a global dedication to improving medical education, ensuring the nurturing of student’s and graduates’ potential for development whilst providing peoples of different ethnic and cultural backgrounds with optimal and tailored health care. The Bologna process is seeing increasing support and there is furthermore, increasing emphasis on quality assurance. Whether European based accreditation and licensing of medical schools will in fact eventually be linked to the goals and outcomes inherent to the Bologna process remains to be seen but certainly an increasing number of medical schools have seen fit to engage in active discussion and implementation of the two and three-cycle systems whilst reviewing their curricula.

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References