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Medical education in Europe: a commentary from students

With much interest we read the joint issue of the *Tijdschrift voor Medisch Onderwijs* and the *Zeitschrift für Medizinische Ausbildung*. We applaud the initiative taken by the editorial boards of both journals to provide an overview of the present state of medical education in Europe. We particularly enjoyed the contributions by our fellow students from Belgium, the Netherlands, Switzerland, Germany, and Austria.

To quote the editorial by Professors Borleffs and Hahn "Nowadays medical education is not confined to national borders. Medical education has become a European concern, or even a broader issue with international impact."¹ We therefore would like to take this opportunity to highlight some recent developments in European medical education from an international student perspective.

The submissions provide interesting similarities and differences in students' experiences with the implementation of the Bologna Process. However, a unifying analysis is lacking. We wholeheartedly welcome the intention of the Editors "that we should learn from each other". Actually, medical students *are* learning from each other. In this commentary we would like to provide some examples of those efforts.

In 2004, medical students were the first stakeholders to issue a statement on the Bologna Process. This statement was the

result of a series of meetings by representatives from various organisations, mostly local medical student councils and national student associations. Using a wide variety of methods in an iterative process, we produced the consensus document as published in the academic journal *Medical Teacher*.² Back then, we raised our concerns regarding the implementation of a two-cycle structure in medicine. Three years later we used the same process to write a second statement to comment on the progress that had been made in the field of medicine.³ Last year student representatives from 18 countries met again to discuss the results of the Bologna Process, ten years after the initial declaration was signed. Their focus was the current state of implementation and future developments.

We share the analysis from our German colleagues that the two-cycle structure can be misused to strengthen the unhelpful traditional division between the basic sciences and clinical sciences. In order to achieve harmonisation of medical education in Europe we deem it necessary to agree on core learning outcomes to be achieved at graduation. These common core outcomes would constitute the European Core Curriculum in accordance with relevant European regulations (ie directive 2005/36/EC). Medical students have proposed such a European Core Curriculum.⁴ We suggest that this curriculum is used as a framework which can be easily adapted and adjusted to meet national and local needs.

As medical students who strive to improve the quality of our education and our competence as tomorrow's doctors, we encourage all readers of TMO/ZMA to use our suggestions as a basis for further discussion.

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