Medical Schools Council

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MSC Response to the AMEE / Medine 2 Statement on the Bologna Process and its Implications for Medical Education, 6 October 2009

The Medical Schools Council is the authoritative voice of all 31 Undergraduate Medical Schools in the United Kingdom. At its Council meeting on 2 October 2009 it discussed the draft AMEE / Medine 2 Statement and confirmed that it remains implacably opposed to the development of a pan European curriculum for medicine.

Furthermore it sees no need to formalise the division into Bachelor level and Masters level qualifications. The UK Quality Assurance Agency has ruled that although historically classed as Bachelors degrees, medical degrees are equivalent to Masters (level 7) qualifications. To quote from its document *'First degrees in medicine, dentistry and veterinary science comprise an integrated programme of study and professional practice spanning several levels. While the final outcomes of the qualifications themselves typically meet the expectations of the descriptor for a higher education qualification at level 7, these qualifications may often retain, for historical reasons, titles of Bachelor of Medicine, and Bachelor of Surgery, Bachelor of Dental Surgery, Bachelor of Veterinary Medicine or Bachelor of Veterinary Science, and are abbreviated to MBChB or BM BS, BDS, BVetMed and BVSc respectively' (The Framework for Higher Education Qualifications in England, Wales and Northern Ireland, August 2008,* *http://www.qaa.ac.uk/academicinfrastructure/FHEQ/EWNI08/FHEQ08.pdf)*

Under the terms of the Medical Act 1983 and its subsequent amendments, the GMC Undergraduate Board determines the outcomes and standards for undergraduate medical education in the UK and quality assures medical schools to ensure that those outcomes and standards are met. The outcomes and standards are set out in *Tomorrow's Doctors,* a document that emphasises integrated curricula and diversity in the delivery of medical education across institutions.

The integration of medical curricula across undergraduate courses of normally five years supports early contact between students and patients. It has allowed medical schools to move away from a rigid divide between science-based 'pre-clinical' education in the early years of the course and the NHS-based 'clinical' years that used to follow. It is widely accepted that this change has transformed UK medical education and practice for the better. If there were a move towards a standard two-cycle approach to medical education the award of a bachelor's degree after three years and a master's after another two years this could lead to the reintroduction of a pre-clinical/clinical divide in medical education. A bachelor's degree would not give a student any of the rights of a registered medical practitioner and its sole purpose would be to secure entry to the next two years of what is now undergraduate medical education.

The MSC believes that a two-cycle model within medical education would contribute neither to employability nor to transparency - the overall goals of the Bologna process. It would also result in the incremental standardisation of medical courses.

Medical schools in the UK are diverse in their approach to the delivery of education again, consistent with the standards and outcomes set out in *Tomorrow's Doctors.* This creates room for real choice for potential students at the point of entry to medical school and for innovation and development in approaches to medical education.

A diverse and integrated approach to education and training - and the developmental rather than modular nature of modern professional training - means, realistically, that it is not straightforward to transfer between medical schools. For widespread transfers to become a realistic option within the UK and across Europe, medical schools' curricula would almost certainly become standardised. We fear this would lead to the restoration of a preclinical/clinical divide rather than the widely valued integrated approach that is now feasible in the UK.

UK medical schools are indeed in favour of medical students gaining overseas experience, both in Europe and beyond. With the globalisation of medical practice and the movement of patient populations, this experience is very helpful in their future careers. Already, medical schools offer students extensive opportunities through Student Selected Components and 'elective' periods spent outside the UK.
We do however believe that any calculation of credits should be for the whole of a medical course and relate to the achievement of outcomes at graduation rather than to individual components.

In 2007 Professor Peter Rubin, now Chair of the General Medical Council, but at that time Chair of the Education Committee wrote to the Higher Education Ministers in all four countries of the United Kingdom to explain that the GMC saw no merit in applying the Bologna process to medical education. He received confirmation that this view is shared by all four Government administrations in the UK.

Given that the GMC has no intention of changing the current, internationally respected arrangements and since the Regulator, the Medical Schools and the administrations of all four countries of the UK wish to see the educational excellence, forward thinking and patient focus of medical education in the UK continue – it would be impossible for us to support moves towards a pan-European curriculum.