



EJD Policy and Recommendation

Policy of the European Junior Doctors on The Implementation of the Third Cycle of the Bologna Process

Introduction

The Bologna declaration signed in 1999 by Education Ministers from 29 European countries, created the European Higher Education Area with the aim of making academic degrees and quality assurance standards more comparable and compatible throughout Europe. Doctoral education as third cycle was formally introduced to the Bologna Process by Ministers meeting in Berlin in 2003 and has since become an increasing priority. However, the implementation of the Bologna Process in Medicine across Europe is still very significantly varied and focuses mainly on the first and second cycle. EJD asks policy makers to respect medical education as a clearly defined professional field with unique characteristics that currently exist in a highly differentiated training system. The EJD calls for legislation and cooperation in the decision making process with ministries of health/education, medical and student organizations, professional societies, and other relevant stakeholders to ensure a parity of standards in medical education. Policy makers must be cognisant of the unique requirements of medical education. On completion of the first cycle, it is anticipated that almost all students could move on to the second cycle. Students should have a guaranteed place to complete their medical education at the same or a different institution. A small number of students may choose to leave their studies at one stage, but will not be qualified to practice as a doctor of medicine or as another health care professional.

Basic principles

The European Junior Doctors do support some of the basic principles of the Bologna Process, such as:

- Promotion of international mobility within EU countries by overcoming obstacles to the effective exercise of free movement.
- Promotion of European co-operation in quality assurance with a view for developing comparable criteria and methodologies.

- Promotion of the European dimensions in higher education, particularly with regards to inter-institutional co-operation, mobility schemes and integrated programs of study, training and research.

Training physicians is a clearly defined, complex and resource dependent process. The European Recognition of Professional Qualifications Directive sets the minimum training duration in basic medical training, and outlines clearly the need for both theoretical and practical training.

Doctoral program and clinical training

Clinical Skills

The medical education at the university has a special status because it represents training for the medical profession. The core component of doctoral training is the advancement of knowledge through original training. The structure of the third cycle provides the opportunity to continue in doctoral program after getting the medical degree in addition to the postgraduate clinical training. The third cycle should not be viewed as an alternative to the postgraduate medical training rather than an additive. In medicine, practical work and research are closely linked, like almost no other field. Therefore, it is particularly important to interlock research and clinical training. The system should be transparent in both directions and allow to link a medical and a scientific career. It is important that the doctorate training as well as the doctoral program are each counted as full training for graduates. An employment contract and social insurance are basic crucial rights and lead to high quality research as well as to the postgraduate doctoral training. Doctoral students are early stage researchers and should be recognized as professionals – with commensurate rights - who make a key contribution to the creation of new knowledge.

EJD recommends to clearly define the status of the junior researcher in an official contract with the institution or department providing the doctorate training or doctoral program. That institution could be the one providing the doctorate training or doctoral program and/or could be the hospital / clinic in which the junior doctor is being trained. A proposition to this issue is the official employment of all junior researchers within a department or institution.

The ongoing integration of doctoral medical professionals into clinical work is a necessary component of medical education. Profound research activity requires a consistent engagement with the research project and breaks should be kept at a low level. EJD emphasizes that doctoral candidates have to be enabled to schedule work and research arrangements with reasonable time ahead in order to ensure quality research and work based on a regular time basis. If the doctoral

program is started after finishing the specialty training, continuous medical education and engagement in the clinical work should be possible.

Terminology Differences

Differences between the degrees of medical doctor, PhD (Doctor of Philosophy) and postdoctoral lecture qualification need to be noted. Currently there is a massive disparity across Europe in terms of learning outcomes of doctoral degrees. A title counts different everywhere: for instance, in some countries, a physician gets a doctor title after completing medical training. This discrepancy is, therefore, the main issue in finding a solution for the comparability of third cycle programs and degrees. Most commonly attained are the academic degrees of the medical doctor — a professional degree —and the PhD, an academic level degree enabling the researcher to reach postdoctoral lecture qualification.

Funding of Doctoral Programs

Since it is a part of the postgraduate training, faculties and hospitals are questioned to contract the funding. Three proceedings are currently possible in countries throughout Europe. For once, doctoral candidates can hold the status of a full-time employed researcher at university-institute, secondly, doctoral candidates are being employed part-time as a researcher and physician at the same time and the third proceeding leaves free choice to conduct on research after graduation parallel to specialty training.

Third cycle recommendations

Principles for implementation of doctoral programs in medical studies (adapted from the Salzburg conclusions on “Doctoral Programs for the European knowledge Society”):

1. Doctoral students as early stage researchers: should be recognized as professionals – with commensurate rights - who make a key contribution to the creation of new knowledge. An employment contract and social insurance are basic crucial rights and lead to high quality research.
2. Status of the junior researcher: EJD recommends to clearly define the status of the junior researcher in an official contract with the institution or department providing the doctorate training or doctoral program. A proposition to this issue is the official employment of all junior researchers within a department or institution.

Summary

The Bologna Process is a significant benefit to most academic and professional degrees in principle. The EJD reiterates for the above reasons the essential of the continuity starting from the beginning of an integral medical education. The first and second cycle should be seen as two parts of a whole study.

The European Junior Doctors postulate that junior doctors have to be guaranteed official employment through an institution, appropriate funding of their research and the possibility to carry on clinical practice whilst completing doctoral program.

European Junior Doctors
Heidelberg, November 09th 2013