Short Lectures: The challenge posed by EU-Membership to curriculum design and the medical system in Hungary, Romania, and Slovenia

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Curriculum design and the medical system in Hungary: changes since our EU membership started in 2004

In the 4 medical schools in Hungary (Budapest, Debrecen, Pecs and Szeged) every year 1100 freshmen enter the six-years graduate education program. Since the general need for physicians has been growing throughout the world more and more graduates leave our country expecting better salaries and working conditions. First important issue is to find solution for the conflict between the high number of students and maintenance of the quality of teaching. Inventing a quality control system was based on the experiences of former EU countries. There is ongoing need and will to reshape the curriculum. All medical schools put more and more efforts on the modern technologies like molecular biology, medical informatics, imaging techniques etc. New medical skill centers were established at the four medical schools. Most of the curriculum development was conducted by the help of EU grants. Similarly, a great number of changes were achieved by EU support (bilateral, cross border grants: Hungarian-Rumanian projects or multi-lateral grants: Hungarian-Rumanian-Austrian or German consortiums). More and more common platforms have been constructed for students’ and teachers’ exchange (Erasmus and Erasmus+ programs), multi- and bilateral agreements promote the collaboration of medical schools in Europe. The system of summer schools is getting more and more popular and attracts a great number of students. There is also a growing number of international post-graduate programs. The medical education is changing to more and more international at almost all levels. The lecture points out the factors promoting and hindering harmonized European medical education.

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Challenges of medical curriculum design in Romania

Romania is a full member of the European Union, since 2007. The Law of Education enacted in 2011 promotes competition to achieve higher academic qualifications, focusing on the quality and quantity of the scientific output. Initially based on extremely demanding scientometric indicators used only at national level, not by the European or international scientific community, it has gone through several changes in the up-
coming years. Value increase has been obtained, but the application of such criteria has been considered untimely. Full compliance with Directive EC36/2005, related to the programmes of study in the medical-pharmaceutical area, is conditional for the recognition of professional qualifications of our students in Europe and is stipulated in Art. 94 of the Charter of the University of Medicine and Pharmacy Victor Babes Timisoara adopted in 2011. We consider medical education and training as a dynamic process. Between January 2011-December 2013, our University was leader of the POSDRU/86/1.2/S/63815 Project: “European Quality and Professional Competence in Medical Education and in the Management of Educational Activities”, in partnership with the Medical Universities Cluj-Napoca, Iaşi, Târgu-Mureş and Craiova, having as external partners the Universities of Medicine Vienna and Szeged. The main objective of the POSDRU Project was to improve medical education in our University and in Romania. The results of the project are presented.

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Medical education in Slovenia before and after joining the EU
Before joining EU the study of medicine and dental medicine at the Faculty of Medicine, University of Ljubljana (ULMF) consisted of the classical three years of basic science and three clinical years. Pathology, Pathophysiology and Pharmacology in the third year were the “bridge” between the pre-clinics and clinics. On average the students graduated within 7,5 years after the enrollment. International collaboration and student exchange has been well organized for decades, but the opportunities for the incoming students were quite limited.

After Slovenia had joined the EU no dramatic change in the medical study occurred. The modernization of the curriculum has been planned even before that, and the only dilemma was whether to follow the example of a few EU countries that adopted the 3+3 years “Bologna” study or to insist on the uniform 6 yrs. study. The position of the ULMF was clear and we insisted on the one-cycle 6 years study.

The curriculum reform was independent of the membership in the EU. It was used to reinforce the good practices, to eliminate unnecessary repetitions (coordination between different “Life sciences” subjects) and reinforce the clinical bed-side teaching in even smaller groups than before (1 to 5 students).

The main impact on the medical education of our EU membership was the Erasmus programme that formalized the existent bilateral agreements and facilitated new connections and exchanges by providing additional funding. The number of incoming students increased and presently the main challenge is how to organize the English courses as our legislation requests that the teaching must be in Slovenian language.

The financial crisis has a severe impact because of the ever increasing pressures on the clinical teachers to do more clinical work and less teaching. Until now, fortunately, we were able to resist such political an economical pressures.