University of Veterinary Medicine Budapest (UVMB) is relatively small university with 1200 students. There are three courses, a full 11 semester Hungarian and English course with 500 and 500 students, respectively. UVMB has a 4 semester German course with 200 students. Due to the full occupancy of the facilities the University had to limit the number of incoming Erasmus students in 30 for each Semester. Finally UVMB has more foreign students than Hungarian ones. Likely this is the most international veterinary campus in Europe. The advantages of having foreign students at the campus are rather obvious for the school. UVMB has to pass the European accreditation every 7-10 years. The strict accreditation process was successful three times over more than 20 years. Veterinary diploma of accredited schools is accepted all over in Europe. Accreditation is done by the European Association of Establishments of Veterinary Education (EAEVE). The presence of International Students helped a lot in passing the EAEVE Accreditation.

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Aspects of Erasmus exchange program in the University of Medicine and Pharmacy of Tirgu Mures
The Erasmus program was implemented in the University of Medicine and Pharmacy of Tirgu Mures (UMFTGM) in 2007. In ten years we managed to become the best-funded medical university of Romania and to be the second university, from all the Romanian universities, in terms of absorption of European funds. This led to a significant increase of all mobilities, especially the student’s mobilities for placements.

For students, Erasmus program is an extraordinary opportunity to experiment new methods of teaching and learning, to gain new competencies (skills) and self-confidence, to be in contact with a new culture (in the broadest sense), to increase their adaptability and their chances for employability. The same principles apply for incoming students. On the other hand, teachers mobilities, both outgoing and incoming, have a very posi-
tive impact not only on improvement of teaching, but also in developing a networking of cooperation in research. Erasmus mobilities allow staff to gain professional international experience and this represent an added value for the institution.

As an overall view, at institutional level, Erasmus program opens new perspectives on the internationalisation policy of the university in terms of internationalised learning that vary from the internationalisation of the content and delivery of programmes, international cooperation and networking in research.

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The Erasmus exchange program is very important for students to learn about the cultural differences of countries, different ways of teaching and learning of medicine including teaching and assessment formats, different ways how medical students are selected and differences of the hidden curriculum. This enables students to see their own education and training under an international aspect.

The accreditation of medical schools and affiliated teaching institutions is necessary to guarantee a high quality for the education and training for future medical doctors. AMSE would like to implement within Europe a common and uniform quality assurance for medical education and training to ensure a high quality of future medical doctors and to allow a borderless practice of physicians.

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Erasmus exchange program is a great opportunity for students to gain a broad academic knowledge and acquire intercultural skills. It also enables the teachers to learn different way of teaching processes and know different curriculums in the field of Medicine and Health sciences.

However, synchronisation of different curricula is always challenging. Quality control of teaching processes is also important, as Erasmus mobility may determine the future career of students. Thus, optimization of mobility processes, improvement of bilateral relations and the harmonization of the different curricula are important aims to achieve in the future.
International (EU and EEA) aspects of MD accreditation - in the light of exchange programmes and transborder movements

According to Dir. 2005/36/EC on the recognition of professional qualifications (PQD), the principle of automatic recognition that „1. Each Member State (MS) shall recognise evidence of formal qualifications as doctor giving access to the professional activities of doctor with basic training and specialised doctor, together with nurse (midwife) responsible for general care, dental practitioner, veterinary surgeon, pharmacist and architect. According to Article 24 of PQD the „Basic medical training . . . shall comprise a total of at least six (five ys. upon proposal of EC DG Internal Market, reflecting recent educational reforms and relevant for universities in Scotland) of study or 5 500 hours of . . . training provided by, or under the supervision of, a university. Although the PQD has not made the change in medical education from six to five ys, the EC officials accept that as definitive, the professional circles can take this as message of flexibility. So, the EC gives autonomy to the MSs in basic medical training, provided that, they accept and use the European Credit Transfer and Accumulation System (ECTS) credits.

Moreover, recent intent of the EU to modernise the PQD, in order to facilitate mobility of, among others, health professionals through the use of new European Professional Card (EPC) offers to correct, e.g. in order to targeting patient safety, so far unsettled questions of mutual recognition We have to welcome that, the EC propose to check migrant health professionals’ language knowledge and promote EU-wide proactive alert mechanism to spread information about professionals who have been banned from practice. Furthermore, this process can solve the problem of the unequal national recognition of general practice/family medicine (GP/FM) as equivalent medical specialty in the MSs. In this respect the European medical organisations (EMOs) have called attention to the „… safeguarding of the highest quality of medical training and medical care for patients . . . which may not be compromised by economic pressures and that medical training must be regulated . . . in full respect of national competences”. They have stated, too that the differentiation between ‘medical specialist training’ and ‘specific training in general medical practice’ is not an appropriate . . .”. So, EMOs support to abolish the distinction made in PQD between ‘specialist medical training’ and ‘specific training in general medical practice’.

Finally, the latter example points out that in recent development of PQD revision is suggested for (academic) experts, as well, to propose more accurate mechanisms destined for checking the quality of training, processing applications to ensure better quality of services, definition of professionals’ transient mobility and transparency issues of professional qualification in the European health care.
Erasmus exchange programmes are celebrating more than 30 years of their existence. The dilemmas medical educators and students are faced with when considering to spend a semester or year abroad have however stayed similar. Especially in the field of medical education:

- How do you ensure sound clinical education in the face of language barriers for students coming to universities on an exchange period? How should we stimulate mentors at our clinical wards to achieve the best outcomes for exchange students as well as take into account their time consuming effort of mentorship?
- What should be done in acknowledging different study field of outgoing students?
- What ensures equivalency of professions in the European Union? Slovenia certifies that medical graduates are equal to their peers from the EU after completing a 6 month internship, other countries allow students to go abroad after graduation. What is the right way forward?