Ladies and gentlemen, Dr. Zervakis,

first of all I would like to thank you for the opportunity to present the students' opinion at this point of the conference.

The International Federation of Medical Students' Associations (IFMSA) and the European Medical Students' Association (EMSA) have been working on the possible implementation of the Bologna Process in Medical Education since 2003. They have organised a series of international students' workshops and conferences and written well recognised policy papers.[1] [2] [3] [4] [5] For us, it is a pleasure to see that organisations such as the World Federation for Medical Education (WFME) and the Association for Medical Education in Europe (AMEE) have been inspired by our papers when writing their statements and that – after five years – the Bologna Process seems to have arrived in the minds of stakeholders at faculty level.[6] Thus we are more than happy to see a conference like this happen.

In my comment, I would like to face you with ten assumptions regarding the future of the Bologna Process and Medical Education in Europe.

1. Bologna for medicine will come! Probably it will not come tomorrow but very likely within the next couple of years, maybe even with the next amendment of the German licensing order in 2011/12.
2. There are three possible ways, medical faculties can react to the possible implementation of the Bologna Process and proceed:
    a. They can be pro-active and start creating the National Bologna curriculum they desire and implement it in a bottom-up process;
    b. They can be passive wait for politicians to decide and then complain about the reform as they did with the 2003 licensing order;[7]
    c. They can be denying and decide not to implement Bologna no matter what happens with all the consequences such as leaving the alma mater of the university with all its consequences.

    For successful implementation of the Bologna Process in Medical Education, an international consensus of the faculties with regards to the core learning outcomes for the Bachelor and the Master phase is needed to further develop the European Higher Education Area (EHEA). This could be an outcome-based core curriculum as proposed by the IFMSA and the EMSA in their "European Core Curriculum" or by the TUNING task force of the MEDINE thematic network.[3] [8] [9] Only with international efforts we can strengthen the EHEA and are able to compete with the North American universities.
3. In a globalizing world we need to acknowledge the students' wish for undergraduate mobility between the Bachelor and the Master phase without need for supplementary studies. An international core curriculum is essential for the continuity of the educational process in a system where students can study for the Bachelor or Master of Medicine degrees at different institutions and will produce comparable academic degrees across Europe improving employability of any graduate.[4]
4. As mentioned earlier in Baeyens' and Costigliola's presentations the professional degree to practice medicine already is comparable across Europe.[10] Further, they mentioned that the degrees as Bachelor or Master of Medicine are nothing more and nothing less then academic titles awarded by the universities. These do not permit the graduate to practice medicine! But these academic titles should also be comparable across Europe to improve the employability for Bachelors and Masters of Medicine.

5. Do not worry too much about the employability of the Bachelor of Medicine! In the past, medical faculties have drawn a rather old-fashioned image of medicine neglecting the changes in hospital healthcare over the last decade with a shift from patient-care to paper-care on the wards. In addition, they have also considered patient-care to be the only field, graduates might decide to work in. This is rapidly changing! [11] [12] It is important to stress that the main goal of the studies of medicine should still be to work as physician in the healthcare sector.[4] However, medical faculties need to widen their perspective and acknowledge changes in working environment at the hospitals and respect the independence of the students and graduates!
   When talking to representatives from the industries, it is clear that they could easily employ Bachelors of Medicine. Actually, some companies are already educating their employees in own medical academies so they can communicate better with medical staff. These companies would be glad to receive applicants with Bachelor degrees in medicine!
   Too long did universities tend to focus on the application of knowledge and demanded the students to learn facts. In modern job market, this is getting less important. Soft skills are demanded by employers. They want to see whether the graduate is able to work in a team, communicates efficient and effective, has social competences or is able to think critically. And of course, in their 3 year courses Bachelors could have learned to do so.
6. The assumption, a 2-cycle structure in itself leads to traditional, Flexner-like curricula is wrong and must be discarded![13] Patricio and Harden have stressed in their presentations that curricular reform and a 2-cycle structure does not exclude and examples from Switzerland and the Netherlands that Kuks and Suter have presented at this conference show this very clearly.[14] [15] [16] The spiral curriculum proposed by Harden could be one possible way to implement principles of 21st century's education and a 2-cycle structure.[17]
7. Medical faculties need to acknowledge the principles of modern adult (higher) education! Students must be given opportunities to develop their own personal professional profiles meeting their areas of interest instead of being squeezed through a very standardized curriculum.[18] Nippert and many other speakers at this conference mentioned that there are very high admission standards for the medical course and that only the brightest minds are able to enter. I am wondering how faculties can then assume that these bright students are not be able to identify their own learning needs can study accordingly! One of the action lines of the Bologna Process is the promotion and application of life-long learning.[19] If faculties do not trust their students to identify their learning needs, how do they prepare them for the lifelong learning they will be facing throughout their whole professional careers?
8. Students would appreciate opportunities to select courses meeting their special interests. This directly leads to higher student satisfaction. Higher student satisfaction and better identification with the course of studies motivates students and increased motivation can lead to better outcomes of medical education. Finally, improvements in medical education lead to improved healthcare for the society.[2]
9. Bologna is already on the political agenda! It is not the Bologna Follow-up Group of the Ministers meeting in Leuven who have to do things now. It is the medical faculties that need to stop talking and turning in circles. It is time for them to start working and to try to implement Bologna. Thus, inspired by a popular commercial slogan, my final conclusion of the conference is "*Just do it!*"

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