Where do we stand in terms of the Bologna two-cycle system as the structure to support learning outcomes and ECTS?

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**Background:** In 1999 the European Union Ministers agreed in Bologna to harmonise higher education by 2010. To achieve this goal six objectives were initially defined:

- Adoption of easily readable and comparable degrees
- Adoption of a system essentially based on two main cycles (undergraduate and graduate)
- Establishment of a common system of credits
- Promotion of mobility for students, teachers, researchers and administrative staff
- Promotion of European co-operation in quality assurance
- Promotion of the necessary European dimensions in higher education

In the subsequent years these objectives have been successively redefined and expanded to get on with the Bologna process. Some relate to topics under discussion at this Seminar. Among them the most controversial was, is and will be - at least for Medical Education - the adoption of a system essentially based on two main cycles (undergraduate and graduate).

A harmonised curricular structure is an essential basis for the development of common understanding of learning outcomes and ECTS. At workshops held at AMEE conferences (2001/2007), it was observed that medical educators seem unaware of Bologna Declaration policies, even in their own countries.

The two-cycle system usually evokes strong and negative opinions. One of the most common argument against it is the assumption that the two-cycle system would damage the progress achieved by medical schools towards a medical integrated curricula. Specific difficulties in methodology and educational strategies also serve to justify the inertia in implementing the system.

**Aim:** To compare and contrast how far different European countries have evolved in the transformation process towards the two-cycle.

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1 Today’s presentation is based on the results of a short survey coordinated by Madalena Patrício (AMEE and University of Lisbon) and Olle ten Cate (University of Utrecht) with the collaboration of Corine den Engelsen, and Dorine Tseng (University of Utrecht). Full article was accepted by Medical Teacher Journal.
State of the implementation of the Bologna two-cycle format in European Medical Education: Implications for Integrated Curriculum

Methods: An AMEE /MEDINE survey\(^2\) was sent to all forty-six signatory countries, inquiring about legislative decisions to determine the present state of implementation of the Bologna two-cycle system in higher education and specifically in medical education. The short survey was primarily addressed to the Representatives of the Ministers (BFUG/Bologna Follow-up Group) and to well-informed people when a reply was not received.

Results: Not all answers were unequivocal, but it appears that so far only seven countries decided for adoption and nineteen against it. The remainder fifteen have not decided or leave the decision to their medical schools showing that a large debate is needed on the topic. Non-European countries seem to reject the system more often than European ones.

Discussion: Presently some countries have virtually changed all of higher education into a two-cycle system while in other countries a much slower process has been followed. Medical Education in Europe has been very hesitant to transform itself. At the present time, the transformation is taking place at various rates, ranging from no progress whatsoever, due to virtually lack of awareness of the existence of the Bologna declaration, to full implementation of the system.

Conclusion: A fully vertically integrated curriculum is possible within a two-cycle system along the lines of a spiral curriculum model, with some students leaving with a degree on completion of the first spiral (Harden and Stamper 1999). The curriculum in spiral can be an argument to convince those who fear the 2-cycle system will destroy the progress made towards curriculum integration.

It was very difficult to get accurate data in each country. We found very few people are well informed about national policies and harmonisation of Medical Education seems not to be enhanced by the Bologna Declaration. Our findings point in the direction of a diversification regarding curricula structure.

Take-Home Message: There is a need for clarity and dialogue on the Bologna objectives namely on the implementation of the two-cycle system. The Bologna process could serve as a vehicle to reach the desired Harmonization by 2010 and the present Seminar is one more initiative to pursuit this goal.

Keywords: Bologna Declaration; two-cycle system; bachelor-master model; medical curriculum.

\(^2\) AMEE (Association for Medical Education in Europe)
MEDINE (Thematic Network on Medical Education in Europe)