

# **Challenges of Doctor Mobility in a Changing Europe**

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## **Standards and Recognition for Patient Safety**

**Summary of the Regular Conference of the Association of Medical Schools in Europe (AMSE)**

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# Introduction



Vacláv Hampl

Chair on Committee of EU Affairs, Senate of the Parliament of the Czech Republic, Prague

Ladies and Gentlemen,  
dear participants of the conference, dear colleagues!

Let me cordially welcome you on behalf of the Senate. We are very lucky that we occupy this beautiful baroque palace in the centre of Prague. I hope you will have the chance to see more of it. This hall, by the way, is the main room where the Senate meets nowadays, but originally it was built as a stable. Thus even the horses used to have a very nice accommodation in this palace. Good enough for the Senate, and I hope for you as well. I would recommend to visit the beautiful garden of the palace. Unfortunately, it is closed at the moment, but from the windows you will have the chance to get an impression at least.

It is a great pleasure and honour to have your conference here in the rooms of the Senate. I addressed you at the beginning as colleagues because in addition of being a Senator I am also a professor at our Medical School here in Prague. I am not alone in the Senate; we are at least three more Senators who are professors at Medical Schools. Unfortunately, they are unable to be here today. So I will have to report them afterwards about the interesting points of the conference.

It is my pleasure to open this conference together with Professor Dieter, to welcome you and wish you very fruitful discussions. I feel that the topics that you have set up for the conference are very interesting and import. I am looking forward to learning from you. Thank you for your attention!

Peter Dieter

President of the Association of Medical Schools in Europe, Berlin

Ladies and Gentlemen,

It is a great pleasure to welcome you at the regular AMSE meeting in 2016 at the Senate of the Parliament of the Czech Republic in Prague. It is also a special honor for me to welcome Professor Vacláv Hampl, chair of the Committee on EU Affairs and former Rector of the Charles University, and everybody from the local committee and organisation.

The meeting is entitled “Challenges of doctor mobility in a changing Europe – standards and recognition for patient safety”. We invited excellent and outstanding speakers who will give us some insights:

- in session 1 about the question “Do we need a common standard in Europe for medical education and medical schools?”;
- Session 2 will deal with the very important topics “Mobility of students and doctors in Europe, advantages, disadvantages, risks”;
- And after the lunch break in session 3 we will raise the question if we need research in a medical school. This topic is also so relevant and acute since at AMEE in Barcelona a few weeks ago a symposium was entitled “Should medical education be based in universities?” and there a need for research was not really seen.

At the end of the meeting, at about 17:00 you will have the opportunity of a guided tour through the Senate building. Finally, at 18:00 all of us are invited to a dinner at the Knights Hall here in the same building.



I am also proud to say that about 40 registered participants from 13 different countries are here and attend the congress, and for sure we will have a lively and transboundary discussion.

I wish you for the next hours interesting presentations and discussions.



# **A common standard for Medical Schools and medical education?**



# Do we need a common quality assurance in times of global cross-border health care?

Peter Dieter

President of the Association of Medical Schools in Europe, Berlin/Dresden

The policy and the health care calls for a free and limitless professional exercise for doctors to guarantee a comprehensive health care of the population worldwide. This is to support but presupposes that doctors receive worldwide an education and training with similar high quality. If the latter is not the case, there may be a risk to the health of the public.

But how does it look with quality standards and quality assurance?

**Worldwide** (197 countries, ~2500 medical schools) there are the WFME Global Standards for Quality Improvement in Basic Medical Education of the World Federation of Medical Education. A (politically independent) quality assurance (accreditation) exists in less than half of the medical schools. Countries which have accreditation in medicine, national quality standards are usually based on the accreditation, the WFME standards are probably used only in few cases. The USA has decided that from 2023 only doctors from other countries are allowed to practice in the USA when they have completed their training at a medical school that has been positively accredited by a WFME recognised agency.

In **WHO Europe** (54 countries, ~680 medical schools, AMSE) there is no common recognised standard. However, here we can use the WFME standards, together with the general, non-medical specific European Quality Standards for Higher Education (ESG), as a basis for accreditation. A (politically independent) quality assurance (accreditation) exists like worldwide in less than half the medical schools. Countries which have accreditation in medicine, national quality standards are usually based on the accreditation.

In the **European Higher Education Area** (48 countries, ~600 medical schools) there are the general, non-medical specific Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). Accreditation agencies which use the ESG as the basis of accreditation are recognised across the EHEA by the European Quality Assurance Register (EQAR). Medicine-specific quality standards do not exist. A (politically independent) quality assurance (accreditation) exists like worldwide and WHO Europe in less than half the medical schools. In countries which have accreditation in medicine, national quality standards are usually based on the accreditation.

In the **European Union** (EU, 28 countries, ~340 medical schools) there are the ESG. Medicine-specific standards are included in the Directive 2013/55/EU of the European Parliament: “Basic medical training shall comprise a total of at least five years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 5.500 hours of theoretical and practical training provided by, or under the supervision of, a university.” Furthermore, the Directive dictates an automatic recognition of medical licenses and a free cross-border professional exercise.

What about the reality for a medical school in WHO Europe allowing the graduates to practice also in the USA? The medical school has to undergo probably 3 separate accreditations: national, ESG and WFME.

Therefore, AMSE demands in WHO Europe (and worldwide) uniform quality standards and quality assurance: The AMSE quality assurance initiative plans:

- 1) to map the ESG with the WFME standards to develop a common medicine-specific standard,
- 2) that EQAR and WFME recognise this standard,
- 3) to introduce this recognised standard to the European Parliament and to USA, in order to
- 4) secure the quality of education/training of future medical doctors in WHO Europe (worldwide) and thereby
- 5) to enhance protection of the public in future.

# Medicine without borders – what are the requirements?

Dušan Šuput

Dean of the Faculty of Medicine, University of Ljubljana

The art of medicine must be based on sound science, good clinical practice and high ethical principles. It is the responsibility of Medical faculties/schools/universities to educate students that will fulfil these requirements after graduation and during their professional life. In many countries admissions to Medical schools are limited, and, on the other hand, there is a lack of medical doctors. This has led to two solutions: 1) import of medical doctors and 2) incredible growth of new medical schools. Both solutions are legitimate, but only if basic requirements are met. Patients expect and have the right to expect to be treated by well-educated medical doctors.

Import of medical doctors may be a good solution, provided that they are well educated and trained. Besides that, at least in my opinion, the patients have the right to expect to be able to communicate with their doctors in their native language. Expansion of new medical schools poses several problems because it seems that the goal of many of those schools is profit and not quality of education. This may be understandable to most educators, but it is hard to define the weaknesses of a medical school unless we accept some basic requirement for an “acceptable” Medical school:

- Medicine is based on science; therefore, the students must get a sound basic education in a scientific environment. They should also have the possibility (of not obligation) to be involved in a research during their study.
- Clinical environment must provide evidence based practice and efficient training of basic skills. The ratio between the number of patients, teachers and students must be such as to enable sufficient practical engagement of every student.
- Medicine is ever changing; therefore, the students and graduates must be able to follow the developments in medicine during their professional life. They should get insights in the translational medicine showing the use and translation of the achievements in life sciences into the clinical medicine.
- Clinical environment must show high ethical standards of medical practice and provide an insight into the personalised medicine.

Several guidelines and standards of medical education have been published. WFME standards are the minimum requirements that should be followed worldwide. Do we

need “European” standards? Do we need “European” accreditation? Several professional organisations have developed their own accreditations – does medicine, as a regulated profession, need it?

Health and medical education are too valuable to be left without answers to these questions. There are several ways how to organise a curriculum, but a medical school must have the capacity to fulfil all the basic requirements stated above. Any present or future process of accreditation of Universities or Medical faculties must also include site visit by experts in medical education.



# **Mobility of medical doctors in cross-border health care**

Vincenzo Costigliola

President of the European Medical Association, Brussels

This presentation is to provide an overview of some important aspects related to the migration of doctors in Europa.

The presentation describes main factors which contribute to doctors' migration. Further, the current and future mobility trends in Europe are discussed. A major part is dedicated to an overview of the EU legal framework impacting health care professionals' mobility, followed by some useful information related to the procedures for recognition of professional qualifications and offices in charge of mobility. Finally, the impacts on health care systems and the policy implications of doctors' mobility are described in context of personalised medicine.

## **Keywords**

Medical doctors' mobility, cross-border health care guidelines, professional qualification, personalised medicine



# **Mobility of students and doctors in Europe**



# Overview of mobility of medical students

Jannis Papazoglou

President of the European Medical Students' Association, Brussels

I would like to give you an overview on the activities of the European Medical Students' Association (EMSA) and on its most recent projects and policy statements concerning medical education and mobility for students, such as the European Medical Mobility project that has been initiated together with the European Junior Doctors (EJD) or the views of Europe's medical students on a common medical doctorate, on recognition of medical degrees between US and EU and on the renewal of the 2006 policy on a European Core Curriculum in Medical Education.

EMSA's activities are divided within the following six working groups:

1. medical ethics and human rights
2. European integration and culture
3. medical education
4. public health
5. medical science
6. European health policy

Our vision is a united and solidary Europe in which medical students actively promote health. We want to empower medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe. One of our most important partners is the European Commission (EC). We are active in several joint actions, i.e. concerning healthcare workforce, chronic diseases, general medicine and coronary heart disease. We are a member of the eHealth expert group of the EC. Furthermore, we collaborate with professional NGOs like the Standing Committee of European Doctors, the European Junior Doctors, the Association of Medical Schools in Europe, the Association of Medical Education in Europe, where we have a student member in the Executive Committee, the

European Public Health Alliance and the European Society of Lifestyle Medicine. And we have collaborations with several European students' organisation in the field of medicine, dentistry, pharmacy and nursery. Our most recent policy priorities have been eHealth/mHealth, standardisation of healthcare services, gender medicine, medical degrees and recognition, preventive healthcare, trade and health.

A few words on the current situation of students's mobility in Europe. I have found a very interesting statement from a French agency responsible for the ERASMUS exchange programme in France (Agence Erasmus). They say: "Far from encouraging 'a brain drain', mobility contributes greatly to improving employability and promoting France's profile and image around the world. Only 0.7 % of young French expatriates do not want to return to France." In the mobility discussion I find this a very enlightening and important statement. By the way, it was quite hard to find relevant data for the ERASMUS programme in terms of medicine, as almost all data is allied to national statistics. In a survey of 2011 I found that 7,25 % of healthcare and social students go abroad to continue their studies. Concerning ERASMUS mobility of medical students in total there will be much more research necessary to analyse all the data from different countries and to get an overall impression. This would be a very interesting and beneficial project for EMSA to take up in a small working group and then to be published maybe in 2017. In terms of students' organisations, there are two exchange programmes that I am aware of. One is from the International Federation of Medical Students' Association (IFMSA) which is an exchange relating to medical internship or clerkship in a hospital. Another one is a sort of research exchange programme. In both programmes students can go in different countries on a global scale within a one month's time frame that can be a high benefit for their medical education. For about two decades at EMSA we have the Twinning Exchange which is a two weeks' project where student groups from different universities are visiting each other. The focus lies on European integration and cultural references in the clinical background. They will learn how the several healthcare systems work.

One of our main policy activities in 2016 was about European medical doctorate which took up older policies of EMSA in this field and brought together new aspects. EMSA calls upon all stakeholders in medical education across Europe:

- to harmonise medical degrees in Europe with the aim of a common European medical doctorate;
- to allow graduated physicians to carry a medical doctorate independent of their country of enrollment and thereby facilitating mobility;
- to facilitate the process of harmonisation further by supporting the European Qualifications Framework;
- to empower and encourage all healthcare students and professionals to pursue their academic interests;
- to ensure that all medical students are trained adequately in academic research and writing during the course of their studies, and to establish a European Core Curriculum along these lines to lay the basis for evidence-based medicine in clinical practice and high level research;
- to widely establish graduate schools in order to refine a different qualification for postgraduate medical research – the academic degree of Doctor of Philosophy (PhD), awarded for scientific research with innovative components;
- to prepare medical students for postgraduate education and lifelong learning, using modern teaching methods and self-directed learning.

These are some proposals to the very diverse system of medical doctorates in Europe. EMSA and IFMSA also published a policy paper on a European core curriculum in medical education, dated back in 2006. This framework from a students' perspective has gathered nine domains: clinical skills, communication, critical thinking, health in society, lifelong learning, professionalism, teaching, teamwork, theoretical knowledge. As it was published ten years ago, we will update this policy. Our idea is first to see what the students' opinion on this topic is and then to circulate it among all important stakeholders as a green paper. If AMSE is willing to give some input, you are invited to participate at this paper to be adapted.

We are also working on mutual recognition agreements, something that was started by EMSA and EJD. We did for example some research on how many U.S. doctors are practising in Europe, how many European doctors are practising in the United States and the problem of getting the certifications and the license to practise. Obviously there is a huge gap: if you want to practise as a doctor coming from Europe in the United States, you have to accept expenses more than 10,000 Euro. This is, by the way, a very complicated topic which we decided to not to push it in the TTIP framework, because the common opinion of all European medical associations discussing that issue was that healthcare should be completely excluded from the trade agreement. We consider it best to go through the backdoor. We did a survey on recognition of doctors diplomas and degrees between the EU and the USA that was distributed within the European medical associations. At the moment we are at the final review process before distributing it officially at the end of 2016.

Last but not least, I want to mention a project run by the EJD and EMSA. It is a website called European Medical Mobility (<http://www.medicalmobility.eu/>). The aim of this online database is to facilitate training in the medical field and to give practical information for doctors willing to do a residency in a European country. This is a huge project that will take us some time.



# **Health professional mobility in a changing Europe: new dynamics, mobile individuals and diverse responses**

Alena Štefllová

Head of WHO Country Office in the Czech Republic, Prague

Health professional mobility affects the most vulnerable health systems and is a crucial issue to that needs to be addressed. We see Europe and its dynamics changing and with it, so is changing health professional mobility.

With European integration and financial and economic crisis comes increased migration of professionals. As this affects not only health systems, but also European markets, involved countries as well as individuals, we need to assess the issue at hand and find a viable solution in form of strong policies. Such policies should be implemented not only by WHO, but also on EU and national levels. In response to this issue, the World Health Assembly adopted in 2010 the WHO Global Code of Practice for the International Recruitment of Health Personnel. This policy aims to lower outflow of professionals from the countries with workforce crisis.

The important challenge of this approach is to find balance between efficiency and ethics. Europe as border-free labour market enables individuals to pursue new opportunities in their careers. The right to provide health care in another EU Member State should not be hampered and limits the potential policies.

In order to assess the health professional mobility in today's Europe, we need to carefully consider all aspects of the issue and respect the rights of individuals while simultaneously protecting fragile health systems that cannot withstand major outflow of professionals. This poses great challenge for EU and its Member States and the balance of solidarity and independence of their health systems.

Authors: Alena Šteflová, Head of the WHO Country Office in the Czech Republic; Matthias Wismar, Senior Health Policy Analyst, European Observatory on Health Systems and Policies

## **Automatic recognition of medical qualifications within the EU**

András Zsigmond

Legislative Assistant, European Commission, DG for Internal Market, Industry, Entrepreneurship and SMEs, Brussels

Under EU rules (Directive 2005/36/EC, as amended), health professionals trained in one EU country need to apply for recognition of their qualifications if they would like to work in another EU country in the same regulated profession. For medical professionals (including basic medical doctors, general practitioners and 54 different specialists) the Directive provides for an automatic recognition mechanism based on harmonised minimum training requirements.



**Do we need research in Medical  
Schools?**



# **The PhD research training in clinical circumstances: a luxury or a must?**

Miroslav Červinka

Dean of the Faculty of Medicine, Charles University Hradec Kralove

The answer to the question in the headline is obvious to me. Yes, we need clinical research, and we need clinical research training. By clinical research, I mean innovative research involving patients or material related to patients, research that should be scientifically sound, and contributes to the improvements of human health and health care. What remains to be discussed is the realisation of research training in clinical circumstances. And now we come to the importance of PhD clinical programmes. Organisation of these programmes is the only way how to produce next generation academic leaders to be able to apply science to the current problems of health care and medical care.

The legislative framework and standards for PhD clinical programmes are recently covered by document “Best Practices for PhD Training”, based on the ORPHEUS – AMSE – WFME standards for PhD Education in Biomedicine and Health Sciences in Europe ([www.orpheus-med.org](http://www.orpheus-med.org)). This document clearly expresses that the rules for clinical PhD should be equivalent to other biomedical sciences. Next step has to be adopting measures to assure a quality of clinical PhD education – it means cohesion with above mentioned Standards.

The first thing to solve is if clinicians should study in the frame of basic sciences programmes (molecular biology, biochemistry, physiology, pharmacology, etc.) We at our faculty believe, that there must be an adaptation to specific needs of the particular study program, in this case, clinical science as a translation science. Therefore, we have PhD accreditation for 22 programmes, including all main clinical subject.

Other questions to be discussed are:

- How to harmonise education in clinical training (specialisation) and research training?
- What is the best timing? Research training could proceed the clinical training, or clinical re-search training should be organised after finishing the clinical specialisation.

We hope that AMSE will play the essential role in the reviewing of different systems of PhD clinical training within European area and formulate the best practice.



# Why the Karolinska does (not) need clinical PhDs

Robert Harris

Director of Doctoral Education, Karolinska Institutet, Stockholm

A doctoral training requires a structured period of time to permit the scientific development of an individual. Half of the doctoral students at Karolinska Institutet (KI) are clinicians or other professionals, and the minimum requirement for undertaking a doctoral education is 50% activity. KI runs clinical research schools in which time away from the clinic for formal training is guaranteed, but more than half of the registered clinical students do not participate in such schools, and time away from clinical duties is in practice often impossible to achieve. The result is a number of clinical doctoral students conducting fragmented, poorly structured training of sometimes questionable scientific quality. A clinical doctoral training can be motivated by the requirement for a PhD exam in promotion of an individual to senior clinical positions rather than their genuine interest in research. In contrast to these negative aspects, the training of clinicians opens for extensive research opportunities of clinical materials as doctors can make good cases to their patients to provide clinical materials.

The result has been that KI has received worldwide acclaim for its register-based research, its medical genetics and practical clinical innovations that are implemented in clinical practices. The Yin-yang of practical infeasibility and the clinical rewards of training clinician professionals at KI will be discussed.

# **The 'Research-Teaching Nexus' in Medical School: what, when and how**

Pascal Berberat

Director of TUM Medical Education Center, TUM School of Medicine, Technical University Munich

Medical Schools are facing the challenge to need to combine vocational training with solid research education. The balance between basic research competence for the majority of the students being future clinical practitioners on one side, and the opportunity for advanced research experience for potential clinical scientists on the other side, needs to be met.

Several recent initiatives (e.g. MEDINE 2) defined core-learning outcomes in research along the different stages of medical training. However, there is still poor understanding and agreement how research training can and should be included within the already crowded medical curricula. The framework of the 'Research-Teaching Nexus' (Healey 2005) may help to lead curriculum development and provide the key link between research and teaching activities at Medical Schools.

Focusing on enquiry-based learning, students should experience research not only by learning about (the findings of) others' research, they should rather learn and reflect about the whole process of knowledge construction and be involved as researcher themselves.

## **Closing remarks**



Peter Dieter

President of the Association of Medical Schools in Europe, Berlin

I would like to thank all speakers and participants for their valuable contributions to this AMSE conference. I think we had a very lively event with excellent presentations and fruitful discussions. I also appreciate the discussions with pro and contra arguments that reflected the controversial opinions.

Then, I would like to take the opportunity to thank the Senate of the Parliament of the Czech Republic for its generous support. They provided this fantastic location for our conference including excellent logistics and catering. Let me also thank Vladimir Palicka from the Faculty of Medicine, Charles University Hradec Kralove, for organising this conference. He and his staff did a great job to ensure that it ran perfectly.

As announced in the agenda, now we will have a guided tour in the Parliament, followed by a dinner in the Knights' Hall. I am sure, that we will have the possibility afterwards to continue our discussions. An interesting evening with lively conversations to all of you! I thank you once again for your participation and wish you a safe journey home.



# Appendix





## **AMSE – Prague declaration on quality assurance in medical education**

The Association of Medical Schools in Europe (AMSE) promotes and develops the co-operation between medical schools in Europe and is dedicated to enhance and ensure the quality of their activities. Medical schools have the duty to give a solid training on basic education in order to provide to students the right instruments and development pathways which allow them to then make informed and responsible choices for their careers ranging from clinical practice to research, teaching, management and inter-professional activities.

The AMSE conference 2016 was held in Prague under the auspices of the Speaker of the Senate of the Parliament of the Czech Republic on 7 October. The main topic of the conference, that gathered participants and speakers from 13 different countries (Austria, Belgium, Croatia, Czech Republic, France, Georgia, Germany, Hungary, Lithuania, Romania, Slovakia, Slovenia and Sweden), was “Challenges of doctor mobility in a changing Europe – Standards and recognition for patient safety.”

As of today, European countries have different medical curricula (e.g. duration of training, type, format and number of examinations, outcomes of training, etc.). The European countries often apply different quality assurance systems in their medical educations, they rely on different accreditation agencies, or at worst they are not accredited at all.

At the beginning of the 3rd millennium and at the time of automatic recognition of physician’s license in the EU – which warrants the employability of a physician – AMSE points to the necessity to establish a common European quality management system for

medical education. The main objectives are assurance of the quality of medical education delivered by medical schools/universities, and the mobility of medical students and physicians across Europe, with the final main goal to safeguard the health of the population. AMSE stresses the necessity to introduce a common accreditation standard meeting the European Standards and Guidelines (ESG) of the European Higher Education Area and the standards for Basic Medical Education (BME) of the World Federation for Medical Education (WFME). This standard goes beyond the current European Directive (2013/55/EU) which only specifies that medical education should at least last for 5 years and 5.500 hours under the supervision of a university. In future, this standard should be fulfilled by all medical schools in WHO Europe.

AMSE also points to the need of a common, high quality, optimised accreditation process for all European medical schools which is supported and accepted by the European Parliament, European quality organisations, accreditation agencies and medical schools. AMSE is highly active in putting these initiatives forward and seeks the support of European medical schools, students, professors and educators in medicine on this important matter.

Peter Dieter, AMSE President

Prague, 7 October 2016

# **Abstracts of participants**



## **FILIP – the new newborn at Neonatal Department of Intensive Care Medicine in Bratislava**

Ingrid Brucknerová<sup>1</sup>, Karolína Matlahová<sup>2</sup>, Lucia Pakosová<sup>2</sup>, Pavol Vitovič<sup>2</sup>

<sup>1</sup>Neonatal Department of Intensive Medicine, Comenius University and Children's University Hospital in Bratislava, Slovakia

<sup>2</sup>Institute of Simulation and Virtual Medical Education Comenius University in Bratislava, Slovakia

Neonatal Department of Intensive Medicine (NDIM), Comenius University and Children's University Hospital in Bratislava takes part in undergraduated teaching program of the Paediatrics for students of General Medicine in Slovak and English language at the Faculty of Medicine. Given the uniqueness of the target patient group consisting of newborns, the need arose to set the method of teaching which guarantees to each student of Medical Faculty the uniform submission of information related to the topic of lecturing.

In cooperation with the Institute of Simulation and Virtual Medical Education Comenius University in Bratislava was for this purpose in 2015 put into practice neonatal simulator HAL 3010. It is a wireless and computer-controlled simulator newborn (gestational age 40 weeks) called Filip. Realistic design allows us to realize a wide range of examinations and training stabilizing the health status of the new-born. Sounds recorded in the simulator are transmitted through built-in speakers and their intensity and location is controlled via the control "tablet". Students have the opportunity to practice investigation not only of individual sounds, but also a combination of multiple sounds together with active movements of the limbs and crying of the newborn.

Neonatal simulator does not attempt to replace the role of the patient or clinical practice. Simulation is a good representation of reality, but it cannot fully reflect the personal practical experience of the student experiences obtained during investigation of

the real patients. On the other hand, the advantage of neo-natal simulator is his invaluable added value in teaching of subject guaranteed by Neonatal Department of Intensive Medicine allows to prepare various scenarios images.

Implementation of neonatal simulator HAL 3010 in the educational process for students of 5th and 6th year of General Medicine, not only in Slovak but also in English language within the scope of Paediatrics at our neonatal department proved to be beneficial to all parties participating in teaching, not only for students but also for teachers. Among students HAL 3010 is found to be popular.

# Do we need international oath of responsible conduct in research for first time researchers?

Zdravko Lackovic, PhD program Biomedicine and Health Sciences  
University of Zagreb School of Medicine

There are beliefs and evidences that the incidence of misconduct in science is increasing. Attempt to reduce such misconduct could be that all researchers at the beginning of their career (PhD candidates, or similar ) give/sign (ORPHEUS, PhD, first time researchers or similar) **Oath of Responsible Conduct in Research** (<http://www.wcri2015.org/background.htm>) much like doctors give the **Hippocratic Oath** (<http://guides.library.jhu.edu/c.php?g=202502&p=1335759>). The idea was first discussed at Dubrovnik Interuniversity Centre (IUC) (<http://www.iuc.hr/>) in 2013 during the workshop “Responsible Conduct in Research” organized by ORPHEUS, University of Zagreb School of Medicine, Duquesne University from Pittsburgh, University of Rijeka Faculty of Law and University of Bergen. In the discussion with Henk ten Have, Director and Professor Center for Healthcare Ethics, Duquesne University, Pittsburgh (former Director of the Division of Ethics of Science and Technology at UNESCO) and workshop coordinators doc Ana Borovecki and professor Zdravko Lackovic, ORPHEUS President, it was concluded to investigate different possibilities for such project.

In 2016 at ORPEHUS workshop during the European Congress of Pharmacology in Istanbul Zdravko Lackovic at the first time presented ***The Singapore Statement on Research Integrity*** as possible template for the work on **Oath of Responsible Conduct in Research**. The Singapore Statement is the product of the collective effort and insights of the 340 individuals from 51 countries who participated in the 2nd World Conference on Research Integrity. According to US *Office of Research Integrity* (ORI) (<http://ori.hhs.gov/content/singapore-statement-research-integrity>): “The principles and responsibilities set out in the Singapore Statement on Research Integrity represent

the first international effort to encourage the development of unified policies, guidelines and codes of conduct, with the long-range goal of fostering greater integrity in research worldwide.” (<http://www.wcri2015.org/background.htm>) In August 2016 in IUC Dubrovnik, at the Dubrovnik Bioethics Summer School ORPEHUS workshop, the task of student participants was to adapt, make easily understandable, and in the form of an oath, using Singapore Statement, construct such codes of conduct for young people at the beginning of their carrier.

Proposal of PhD Oath of Responsible Conduct in Research constructed by student participants at DIBS/ORPEHUS will be shown in details as well as the comments of two distinguished international reviewers. Comments of participants of AMSE 2016 conference could help in further promotion of this project.



# **Student mobility through the numbers of ECTS recognition at the University of Pécs Medical School**

Eszter Szubotics, Korinna Kajtár, Zsuzsanna Varga, Attila Miseta  
University of Pécs Medical School

## **Introduction**

The University of Pécs Medical School's (UPMS) motto "chance favours the prepared mind" by Louis Pasteur duly indicates that we lay special emphasis on the quality of education. Well educated students are our best trademarks, so quality is very important in case of student mobility and transfers as well. The aim of this project is to examine the directions of student mobility and the interoperability of medical schools within and outside Europe through processing data of the recognition of previous studies at the University of Pécs Medical School between 2010 and 2015.

## **Method**

In the examined period the UPMS offered education in Hungarian, English and German language at its majors of General Medicine, Dentistry and in Hungarian and English language at its major of Pharmacy. The UPMS had about 3500 students, 2000 of which have an international background. The data (geographical directions, performance of the student studying at another higher education institution) used during the examination was provided by the Registrar's Office of UPMS.

## **Results**

The analysed data of course recognition results provide information on the main geographical directions of international student mobility of medical students attending UPMS. Results of the project show that both the number of students applying for credit recognition and the number of ECTS granted increased in the examined period, as well

as the ratio of applicants among the first year students who already commenced studies at another higher education institution abroad. However, the countries of origin of students do not coincide with the students' countries of previous studies.

### Discussion

Studying data of international course recognition at a greater scale contributes to examining the internationalization of European higher education institutions and provides useful information on the tendencies of international student mobility. Results of the project underline the benefits of the compatible system of higher education in Europe and reflect on the interoperability of higher education study achievements within and outside Europe.

# **Extracurricular activity of students at the University of Pécs Medical School**

Andrea Tamás, Réka Anna Vass, Judit E. Horváth, László Czopf  
University of Pécs Medical School

At the University of Pécs Medical School there are numerous Hungarian, German and English students involved in extracurricular activities such as research and teaching. There are two special societies, the Undergraduate Research Society (URS) and society of Demonstrator Students (DS), organized by professors of the Medical School to help in this special work.

The members of URS may participate directly in the research work of our basic science and clinical departments. On the other hand, demonstrator students are involved in the education work of our clinics, institutes and departments. The societies support outstanding students and enable deep insight into the field of science and into the art of teaching. Most of these students are members of both societies.

In school year 2015/2016 the URS had 162 registered students from 38 different departments (17 basic science and 21 clinical departments). These students were actively involved in the scientific work of different institutes and they had the possibility to show their new results in the Student Research Conference, where in this year 126 presentations were registered within 19 different sections. Professional juries from professors of the University chose the best presenters who will attend the National Student Research Conference.

A few departments of our University have a long tradition of involving students in education. A significant number of our colleagues in theoretical and clinical departments were active in demonstration programs during their university years. Therefore, last

year a new student society was established to help the demonstrator work of undergraduate students. The society of Demonstrator Students registered 51 students who participated in education in Department of Anatomy, Pathology, Internal Medicine, Anesthesiology and Department of Foreign Languages.

The aim of the University is the further support of these extracurricular activities to establish the education of the young generation of future professors.

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