Medical Student Exchange in Europe: statistical balance

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Why to promote mobility?

- Objectives of a Faculty of Medicine:
  - To offer to local population,
    - with their money
    - health workers able to understand, communicate, relieve and cure their health problems
  - To locally educate and train local students for local patients...
  - But ...
Role: To fulfill quantitative and qualitative objectives

- Geographic distribution?
  - Local,
  - National,
  - European,
  - International

- Equal competences?
  - Adequate curriculum
  - Evidence based medicine
  - University attractiveness & ranking
  - Economical attractiveness
World Distribution of Physicians

Total Number - 7’500’000

(WHO stats, 2007)

- EUR: 2,810,063
- WPAC: 1,869,216
- AMR: 1,624,583
- SE ASIA: 844,994
- MED: 383,426
- AFR: 150,708
Geographical distribution
History of student mobility
From Middle Age to XIX\textsuperscript{th} century

- Universities independent from political authorities
- \textit{Jus ubique docendi} - Mobility of
  - students
  - teachers
  - ideas (printing)
- Common language
- Scientific Societies
- Common rules for diplomation
- Mutual confidence
Industrialized Revolution Evolution ?

• Birth of
  – modern nations and taxes

• National rules in all domains

• Mobility barriers
  – Passeports, identity cards, frontiers, national currencies
    => no recognition of diploma, defiance between states

• Hand of the nation in all domains
  – Strategical economical activity
  – Competition, struggle and wars
Emergence of nations: Consequences for the Universities

- Directly subsidized by the state
- Controlled by the state => loss of autonomy
- Designation of teacher by the State
- Direct control of legal programs
- Research domain:
  - Money from the state
  - Official topics
  - Prestige, secrets & patents
- Complex regulation for diploma recognition...
Academic track

• Complex way
  – not easily comprehensible
  – not legible

• Rigid way
  – Precocious choice
  – Inhability to shift

• Difficult international course
  – reduced mobility
  – quite impossible mobility
European Union
Back to the future

• Mobility of goods
  – Single Market
  – Borders abolition
• Mobility of citizens
  – Common passport
  – Schengen area
• Mobility of wealth,
  – Single currency
  – Direct tax harmonisation (VAT)
• => Loss of national power
EU : Mobility of citizens

• Open private sector
• Closed public sector
  – No automatic diploma recognition
• Exception
  – Regulated professions
    • physicians, pharmacists, dentists, veterinary, nurses,...
  – Principle of mutual recognition of professional ability (1975)
  – Punishable obstruction => Condemned States
Bologna declaration (1999)

Adopted by 29 countries

- Harmonization of diploma (Ba-Ma-Do ou LMD)
- System de transferable credits (ECTS)
- Promotion of mobility
- Quality assurance of qualifications (Annexe diploma)
- European Recognition
  
  => European Space for Higher Education
Similar diploma structure...

Objective: diploma recognized everywhere in Europe
UE : promotion of student mobility

• 1987 - Pilot Phase
  – Initiated by the Commission
  – Limited number of Faculties
• 1989 - Program launched in medicine
• Consortium 20 Faculties of medicine - AU, BE, CH, DE, DK, ES, FR, GR, IR, PT, SE, UK
European Student Mobility:
   2002: 1 million
   2010: 3 millions (= 5% of student population)
Erasmus in medicine: 2003-2004 - 7000 étudiants (B = 349 !)

Future: cumulative ECTS, Life Long Learning, Mobility
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ECTS-MA Mobility
6868 étudiants 2004-2008
Universities by country

nombre d'universités d'accueil représentées

LT  SK  SL  PL  SE  DK  IS  HU  BG  CH  AT  TR  GR  CZ  PT  NO  NL  FI  BE  UK  DE  FR  IT  ES
Mobility progression of ERASMUS IN & OUT (ULB)

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Benefits of training harmonization

- MOBILITY of students and teachers
- Automatic RECOGNITION of diploma
- EMPLOYABILITY across the EU
- ATTRACTIVENESS of the european education system