The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

Policy on Quality of Basic Medical Education

0. Recommendations:

Action at National level

- Ensure medical curricula are regularly reviewed and adapted to future challenges and requirements.
- Continuously update curriculum content to include emerging fields such as AI and place a greater focus on general practice and outpatient care.
- Establish and enhance quality assurance procedures, including accreditation processes.
- Ensure basic medical education includes sufficient practical training and ensure the availability of positions for training/practice/internship.
- Evaluate the role of competencies in addition to duration-based minimum training requirements.
- Ensure basic medical education curricula include a robust digital component, equipping healthcare professionals with necessary digital skills and knowledge.
- Recommends that national accreditation authorities be guided by educational principles compatible with those of the World Federation for Medical Education (WFME).
- Ensure the medical faculties have sufficient scientific and financial resources.
- Ensure that knowledge of medical ethics is integrated into basic medical training.
- Encourage national accreditation authorities to facilitate the recognition of equivalent cross-border internships, allowing students opportunities to study and train freely within the EU.

Action at European level

- CPME strongly opposes any reduction of the minimum training requirements set out in the Directive on the Mutual Recognition of Professional Qualifications (Directive/2005/36/EC) and underlines that these represent minimum standards.

- CPME encourages European national accrediting authorities to cooperate with each other so as to introduce compatible competencies in undergraduate medical curricula to facilitate the adaptation of a medical graduate to a different healthcare system when the physician migrates.

Action for International coordination

- National Medical Associations should share information on immigration processes and requirements for recognising professional qualifications of physicians from third countries.
- National competent authorities should work towards aligning the recognition criteria and procedures for qualifications obtained in non-EU countries.

Action at CPME level

- Collect and disseminate information on national quality assurance requirements and instruments at the European level.
- Collaborate with other European Medical Organisations to continually improve standards and practices.

Action at Medical Faculties

- Embed the principles of patient safety and medical ethics into the curriculum design from the outset.
- As much as possible, incorporate new and emerging fields such as genomics, AI, digital health literacy, personalised medicine and interprofessional education into the curriculum.
- Include into the curriculum the development of soft skills: communication with colleagues and patients, leadership, teamwork, conflict and stress management.
- Ensure sufficient opportunities for hands-on practical training in real-world clinical environments.
- Incorporate comprehensive education on the impacts of climate change and environmental sustainability on health.
- Ensure that all campuses, including satellite campuses, meet high accreditation standards and possess the necessary resources to deliver quality education.
- Promote the well-being of students and faculty, addressing burnout and supporting work-life balance to ensure resilience in healthcare professionals.

1. Introduction

Basic medical education is under increasing pressure. As the content and structure of education evolve, ensuring its quality remains paramount. Stakeholders at all levels must commit to maintaining high standards of education and training. The content and duration of basic medical education should not be compromised to address workforce shortages in healthcare. CPME is dedicated to promoting the highest standards of medical education and training.

Medical education is an integral component of any country's healthcare system. This relationship is deeply intertwined with the nation's economic, political, social, and cultural frameworks, especially concerning accreditation and curriculum development. Thus, medical education cannot be viewed in isolation from the broader context. Through comprehensive and dynamic medical education, we invest in the health of our country and the well-being of future generations. High quality education also increases the attractiveness of the medical profession.

2. Future proofing the quality of basic medical education

Education, as highlighted by Gunderson et al. (2004), must evolve to equip students for a rapidly changing world. This includes anticipating jobs that do not yet exist, technologies yet to be invented, and solutions for unforeseen challenges.[1] In medical education, a forward-thinking approach is essential, emphasising adaptability, lifelong learning, and critical thinking to ensure that future healthcare professionals are well-prepared to meet the demands of an ever-evolving world.

Basic medical education is essential for preparing healthcare professionals who are competent, practice-ready, and adaptable to real-world challenges, which are often unequal, unpredictable, and disruptive.[2] Addressing these complexities requires dynamic curricula reform, regular review, and strategic collaborations that balance global insights with local needs.

2.1. Principles: the guiding core of basic medical education

Designing a future-proof curriculum involves integrating emerging fields such as genomics, artificial intelligence (AI), and personalised medicine. However, it must also prioritise the

[1] Gunderson, L. H., Holling, C. S., & Light, S. S. (2004). *Barriers and Bridges to the Renewal of Ecosystems and Institutions*. Columbia University Press.
[2] Presentation by Trevor Gibbs in CPME Webinar on Quality of Basic Medical Education

enduring principles that form the foundation of basic medical education. These principles are essential for equipping doctors with the skills essential for daily medical practice.

Maintaining high standards of patient safety is crucial and should be integrated into medical education from the outset. Medical ethics, which are foundational to patient care, start at the university level. The World Medical Association's Declaration of Geneva outlines these ethical commitments for good medical practice, emphasising the importance of patient safety, including the autonomy and dignity of patients and, in building strong patient-doctor relationships.

These principles not only ensure the delivery of safe and ethical patient care but also equip doctors with the necessary skills such as good communication with empathy, innovation, leadership, interprofessional collaboration and well-being at work, to thrive in an increasingly complex healthcare landscape. These skills must be practiced in practical training during the basic medical training.

2.2 Format / setup of basic medical education

The Directive on the Recognition of Professional Qualifications (Directive 2005/36/EC) sets out the minimum training requirements for doctors' basic medical education in EU law. Thus medical training must meet the minimum duration of five years and must also include 5500 hours of theoretical and practical training carried out at or under the supervision of a university and that the qualification should be aimed wholly and exclusively to the practice of the Medical profession. CPME strongly opposes any reduction of the minimum training requirements in the Directive. CPME underlines that a lack of adequate numbers of health professionals in some countries is not a justified reason to lower qualifications and training standards.[3] Member states should provide an adequate number of places in medical schools to satisfy the future demand of physicians in their own country, without compromising the quality of medical education.

Quality assurance and accreditation

CPME recognises the critical importance of quality assurance in medical education. Accreditation is a vital component of this process, ensuring that medical schools meet established standards and continuously improve their educational offerings. CPME supports the World Federation for Medical Education (WFME) standards, which provide a robust framework

[3] CPME Health workforce policy (2021)

for quality assurance and accreditation in medical education. These globally adopted standards or minimum requirements can serve as guidance for national and regional agencies responsible for evaluation and accreditation.[4] National competent authorities are encouraged to seek European exchange of ideas and cooperation to find alignment on a common European framework of quality assurance.

The enforcement of legislation and regular review of curricula are also essential methods for maintaining the quality of basic medical education. Implementation of continuous evaluation programmes should aim to ensure that practical training meets the highest standards, emerging needs and that increases in student numbers are met with a commensurate increase in the investment of medically qualified educators. Furthermore, educational institutions operating satellite campuses must undergo comprehensive evaluation by the university's accrediting body to ensure they meet the necessary standards. This rigorous oversight helps maintain the integrity and quality of medical education across all campuses.[5]

Digitalisation of basic medical education

The rigorous scientific quality of medical training in Europe, overseen by universities, is crucial for preparing competent healthcare professionals. CPME stresses the importance of maintaining these high standards while integrating digital tools into medical education. Digital tools like remote learning platforms and virtual simulations can complement traditional methods by offering flexible learning opportunities. However, CPME argues against delivering theoretical knowledge solely through online courses, advocating for a balanced approach that includes face-to-face interaction, hands-on practice, and direct mentorship. Delivering theoretical knowledge through exclusively online means should only be permitted in extraordinary circumstances such as in the event of a pandemic.

Practical training

Medical education must provide sufficient opportunities for students to engage in real-world clinical environments. Practical training allows students to apply theoretical knowledge, develop critical thinking skills, and gain confidence in their clinical abilities. Structured mentorship from experienced clinicians should be encouraged as it plays a vital role in guiding students through complex clinical scenarios and fostering professional development.

[4] WFME 2015
[5] CPME statement on the digitisation of cross-border medical training 2018.

Part-time education

Offering part-time education options enhances the flexibility and accessibility of medical training, accommodating a diverse range of students with varying commitments and study paces and broadens the pool of potential medical professionals. National accrediting authorities should ensure that because of the implications of part-time training, it is required to adapt curriculum design and delivery to maintain rigorous quality assurance measures and ensure the integrity and excellence of medical education.

Cross-border training

The number of students completing their medical degrees abroad and having them recognised in their home Member State has risen. Students should have opportunities to pursue study and training in countries covered by the Directive 2005/36/EC, without facing obstacles to recognition of an equivalent internship and have those experiences assessed and recognised towards their home medical degree programmes. CPME underlines that minimum requirements of basic medical education must be upheld and standards cannot be lowered to facilitate the mobility of international medical students.

While this promotes mobility and knowledge exchange, it is crucial to ensure that the universities responsible for these cross-border programs meet high quality standards for medical education and are accredited by the proper authority in the host Member State. Prior approval of these internships as equivalent by the training institution is recommended. To facilitate European mobility of medical students in their internship, a European framework similar to Erasmus may be set up.

Where medical training is conducted in English and not in the host Member State's own language, proficiency in the language of the Member state of practice is an important prerequisite in ensuring the quality of practical training.

Promoting health and well-being

Promoting well-being is fundamental within universities. Recognising the demanding nature of healthcare professions, universities must prioritise the physical, mental, and emotional well-being of both students and faculty. Initiatives to address burnout, support work-life balance, and promote resilience must be integrated into the educational framework to ensure that graduates enter the workforce as healthy and resilient healthcare professionals.

2.3. Topics for future curriculum

Medical curricula should not be static but regularly reviewed to adapt to contemporary demands in the practice of medicine. Topics such as patient communication, interprofessional education, prevention, sustainability, well-being and the use of artificial intelligence are essential areas for curriculum updates. There is also a recognised need to focus more on general practice and outpatient care and to develop skills beyond the hospital setting.[6]

Enhancing the awareness of diversity is critical in helping to develop the next generation of healthcare professionals. This requires raising awareness about inclusivity and embedding these principles into the educational curricula.

Doctors' digital competencies

Doctors need strong digital skills tailored to their medical specialties.[7] To achieve this, digital competence must be integrated into medical curricula, and implemented horizontally throughout the university study.

Medical students should understand the benefits and limitations of digital health for patients, telemedicine and mobile health, engaging with the electronic health records and AI in real practice, as well as understand the ethical and legal implications of digital health tools. Though digital solutions can support or augment the capabilities of the generation in training, the introduction of AI may also imply deskilling in certain areas or overreliance on digital technologies. It needs to be ensured that critical thinking remains at the core of the profession.

Planetary health

The COVID-19 pandemic has starkly highlighted our vulnerability to global health threats and the need for a holistic approach to health that includes environmental sustainability. Planetary health recognises the interconnectedness of human health and the health of the planet, emphasising that individual and community wellbeing cannot be separated from the wellbeing of Earth's ecosystems, as the One Health approach advocates.

Climate change education should be part of the core curriculum for students and other healthcare professionals in training.[8] Medical curricula should incorporate a comprehensive

[6] CPME members questionnaire
[7] CPME Policy on Digital Competencies for Doctors (2020)
[8] CPME Policy on Climate Change 2023, EJD Policy on Climate Emergency 2024

understanding of climate change's direct impact on health, such as heat-related illnesses, changing disease panoramas, air quality impacts, and the health effects of extreme weather events. It should also include the indirect effects on health and mental health, driven by social, economic, and environmental factors, ensuring a well-prepared workforce ready to face the increasing demands of the climate emergency. In addition, future doctors must be aware of the environmental footprint of healthcare practices.

3. Legislative and framework considerations

- The Directive on the Recognition of Professional Qualifications (Directive 2005/36/EC)

References

- CPME Compilation of NMA responses (Questionnaire on Basic Medical Education January 2024)
- CPME Compilation of NMA responses (Questionnaire on Basic Medical Education September 2024)
- CPME Policy on Climate Change and Health (2023)
- CPME Policy on Digital Competencies for Doctors (2020)
- CPME Policy on Doctors' Well-Being (2023)
- CPME Statement on the digitisation of cross-border basic medical training, adopted in 2018
- Declaration of Geneva (WMA)
- EJD policy on Climate Emergency (2024)
- Gunderson, L. H., Holling, C. S., & Light, S. S. (2004). Barriers and Bridges to the Renewal of Ecosystems and Institutions. Columbia University Press.
- World Federation for Medical Education. (2015). Basic medical education: WFME global standards for quality improvement (The 2015 revision). WFME Office, Ferney-Voltaire, France; Copenhagen, Denmark.