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On 10 November 2018, the CPME Board adopted the 'CPME Statement on the digitisation of cross-border basic medical training' (CPME 2018/077 FINAL).

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### **CPME Statement on the digitisation of cross-border basic medical training**

*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.<sup>1</sup>*

In recent years, there has been an increase in the number of students who complete their entire medical degree abroad and subsequently have it recognised in their country of origin on the basis of the Directive on the Recognition of Professional Qualifications (Directive 2005/36/EC). The requirements of Directive 2005/36/EC for the automatic recognition of basic medical training completed in another EU country are clearly defined in Art. 24: 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.

There is a diverse range of degree programmes offered at colleges, generally subject to a fee, aimed primarily at students from countries in which access to medical studies is impeded, for example, by admissions restrictions or high tuition fees. These options take two distinct forms:

Colleges that offer a medical degree programme in English or another common EU language, generally German or French, aimed at international students. In this case, the entire degree programme is completed in that country.

Colleges that establish a campus in another EU Member State. In this case, a large portion of the degree programme is completed at the satellite campus. However, the accreditation of the degree programme and all locations is carried out based on the law of the college's country of origin.

The Standing Committee of European Doctors supports the increasing Europeanisation of medical studies. The prospect of studying abroad, and the subsequent recognition of a foreign degree on the basis of Directive 2005/36/EC, opens the door to the medical profession for many individuals who are interested in pursuing this vocation. In the interest of patient safety, the CPME demands that the requirements formulated in Directive 2005/36/EC be fulfilled as a prerequisite for the recognition of medical degrees:

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<sup>1</sup> CPME is registered in the Transparency Register with the ID number 9276943405-41. More information about CPME's activities can be found on [www.cpme.eu](http://www.cpme.eu).



While the minimum training period of five years is generally easy to determine, it is often impossible in the recognition process to carry out a final review of training hours and of the content of degree programmes. A clarification of the Directive with regards to this matter would therefore be advisable. For example, it is inappropriate for theoretical knowledge to be conveyed exclusively via online course units.

As the scientific quality that is the very substance of medical training in Europe can only be safeguarded by medical degree programmes offered at or under the supervision of a university, we note with concern that medical degree programmes in Europe are increasingly being shifted to technical colleges or locations without adequate research capacities.

In the case of a medical degree completed at a satellite campus of a university, it must also be ensured that the requirements for admission to the profession in the accrediting Member State are not undermined. Post-graduate requirements for admission to the profession, such as internships or foundation years, must be completed. We also advocate that at least a part of the degree programme be completed in the accrediting Member State and that the educational institutions at the satellite campus be evaluated comprehensively by the university's accrediting body to determine the qualifications and aptitude of the lecturers and to assess whether and by what means the individual learning facilities provide the personnel and spatial resources to ensure a high-quality, structured medical education.