

So you want to be a medical student in Europe?

Rhiannon Killingbeck

Correspondence to: Dr Killingbeck
r_killingbee@hotmail.com

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WHY PEOPLE CHOOSE FOREIGN MEDICAL DEGREES.

So you want to be a doctor? Well of course you do, but perhaps you're exploring options beyond the usual UK courses. This could be for a variety reasons; perhaps you dropped a grade - or got the grades but not the offer. Maybe the costs of university courses are giving you (or your parents) cold feet - or perhaps you'd like to experience life abroad before you settle into your medical career? No matter what your reasons for applying to a foreign English language medical degree, there are a growing number of European Universities hoping to help you fulfil your dreams of medical success.

WHY FOREIGN UNIVERSITIES OFFER ENGLISH LANGUAGE COURSES.

Primarily based in former Eastern Bloc countries, the universities concerned have been running medical degrees since their creation – some over 600 years ago. There's a long tradition of producing graduates and well established medical schools. Broadly, here's what's on offer – they teach you (in English) their medical course as given in the native language and your fees make up some of the shortfall in university funding.

FUNDING.

But let us not be naïve – all medical degrees are not created equal. Different countries and cities have different courses with different curricula and therefore differing popularity, naturally reflected in the cost of tuition fees. The longest established universities in the most picturesque and “westernised” cities could cost double that of a degree from a non-capital city, meaning those looking for the most economical option may find themselves at the most easterly reaches of the EU.

TRAINING.

In line with the differences in price and popularity, it's harder to gain a place at some European Universities than others. You'll be competing with candidates from most European countries plus people from the US, Russia and the Far East. This is mainly based on performance in the entrance exams plus a fairly rudimentary interview – and of course your ability to pay. Once accepted, the hard work starts. Many courses operate on assumed attrition rates with students graded on a curve and only the top performers going through. Course structures vary widely, with some courses closely

modelled on UK versions, but you must remember that many European countries have different healthcare models to the UK and therefore teach students differently. Your chosen country may well not have anything approaching foundation training and instead go straight to speciality training. This can result in longer courses and more in-depth knowledge required. In addition to this, in an expense-conscious healthcare system, less emphasis is placed on costly tests and scans, with a greater reliance on good old fashioned clinical examination. Don't worry – it's invaluable for PACES. A final thought on course structure; you're expected to follow the same curriculum as the native students, usually substituting English language classes for those of the country. And don't forget Latin, Ancient Greek, History of Medicine and a healthy dose of Philosophy in with your ethics classes.

CLASSMATES.

In my own experience, I studied alongside students from Ireland, Norway, Sweden, Germany, Portugal, Greece, Cyprus, the US, Russia, Taiwan, Malaysia, Syria, Jordan, Israel, Sri Lanka and India. Think of it as an elective squared. The opportunity to learn about healthcare in other countries has been invaluable for me in the way I approach issues in the NHS and my attitude to patients and the kind of service they receive. Also I have a welcome holiday home in numerous far flung destinations, which is always nice.

EXPERIENCE.

Studying medicine abroad might appear like an easy entrance to medicine, but it isn't for the faint-hearted. University in general and especially a medical degree are hard enough at any age, even in your own country. Living abroad is tough; really tough at first and there won't be anyone there to hold your hand. Make no mistake, these universities want to produce high quality graduates but your personal satisfaction is not in their modus operandi – there are many people waiting to take your place. Pastoral care is improving but students in difficulty for any reason may not find the sympathetic ears more common in the UK.

TRANSITION BACK TO UK/IRELAND.

A straw poll of my colleagues who studied in Europe reveal some common themes: we don't have OSCEs for example, and such scenarios can be very daunting at the outset. Ditto buzz words, acronyms and even descriptions of common conditions. You may well feel that your knowledge is substandard, but scratch the surface and you'll find that you know the same but learnt it in a different format. The attitudes of your future colleagues are a different matter - I've experienced everything from intrigue to scorn. EU law means that we no longer have to pass the dreaded PLAB exam, but if anything this previously helped our fight for recognition as competent doctors.

CONCLUSION.

If you don't want to, or aren't able to study medicine in the UK, medical degrees abroad are a valid option. Becoming a doctor isn't supposed to be easy, but if you feel that you can rise to challenges of living abroad whilst maintaining your workload you can enjoy a wonderfully enriching university experience in addition to gaining your medical qualification – and after all, life is about the journey, not just the destination.