

# Convention on Health Analysis and Management

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### Poor University!

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There are two profoundly different university models that offer a medical curriculum: the European model (not including the United Kingdom) and the American model. In the European model, tuition is very low and State investment is significant. In the North American model, tuition is very high, close to a student's real cost. The funding channels for these two university systems also differ widely.

#### **1. The European model in France: universality vs lack of independence**

France has adopted the European model with open arms. How can this university model be funded, given the low tuition fees? Universities are not necessarily poor, but they are costly. Their administrators often complain about a lack of autonomy. Since they are unable to choose their students, set their tuition rates or conduct a policy of value enhancement, these universities have very little independence.

#### **2. The French illusion of the universal university?**

Although tuition rates are very low in Europe, and particularly in France, the phenomenon of social reproduction ensures that many, if not most, of the most successful students are those whose parents can afford to pay for private tutoring. The system strives to be egalitarian, but is, in reality, unjust. Most medical students come from well-off families. Some might say that the development of private dispensaries is an indication that the universities are not doing their jobs; others believe that the universities are not valued by students precisely because they are free. Because they are free, students owe nothing to the university and therefore give nothing back. Students have no sense of belonging to their universities.

#### **3. Increasing tuition in France: a political act of courage**

In France, university is 90% funded by the government, with tuition representing only 2% of revenue. There must be a middle way between the 240 euros of tuition in France and the \$62,000 charged by the Harvard School of Medicine. For most of the families who enrol their children in French medical schools, increasing tuition to 1,000 euros would be painless. This would be enough to set up a fund to provide grants to the least affluent students. Increasing tuition fees at medical schools in such a way could provide a social benefit.

#### **4. French universities' lack of flexibility on the research job market**

In the research field, the University Autonomy Act did not go far enough. The most brilliant post-doc students send their CVs to the major European cities and negotiate hard for their

salaries. In France, regulations do not permit the universities to negotiate individually. This causes France to lose bright young post-docs, as the universities cannot meet their salarial expectations. As such, the civil servant status granted to them by the law of 1958 has become a handicap, even more so because lifetime employment is not a selling point for talented researchers.

### **5. North American private universities: a mixed funding model**

At the United States' 100% private universities, students complain about the debt they incur for their studies, while administrators gripe about their donors' lack of generosity. To become a doctor of medicine, students must borrow up to \$200,000. They normally borrow from the Ministry of Education. Since these loans also cover everyday expenses, students are encouraged to study. In reality, only half of the loan is for tuition fees. The other half allows them to live reasonably comfortably, to the extent that some students are quite content with the situation. As for the researchers, they partially depend on government funding, as tuition fees are not enough to fully fund the universities.