STRATEGIES OF SOCIAL REPRODUCTION: MEDICAL STUDENTS FROM GERMANY IN CENTRAL AND EASTERN EUROPE FROM A CENTRE–PERIPHERY PERSPECTIVE

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ABSTRACT: *Higher education degrees from European Union countries are automatically recognised in other Member States. However, legal recognition does not necessarily translate into symbolic recognition in the profession. This dynamic can be observed in the field of medicine in Germany, where German graduates often face symbolic devaluation when they graduate in certain other countries and return to work in Germany. At the same time, the group of foreign medical students is socially exclusive, and admission to a medical programme in Germany is difficult and unsuccessful for many applicants. Based on the theory of symbolic power and capital and a centre–periphery perspective, this paper reconstructs the means and ways by which privileged students from the centre, Germany, seek social reproduction by studying medicine abroad in the semi-periphery, Hungary, Latvia and Romania. The results show that moving to the semi-periphery is only chosen when other alternatives in the centre are not feasible. Certain symbolic disadvantages of studying abroad were identified, and countermeasures were developed to ensure symbolic legitimacy upon return. The results also show that the semi-periphery is not homogeneous in its symbolic ambivalence from a centre–periphery perspective.*

KEYWORDS: *centre–periphery perspective, social reproduction, medical students, medical studies, social selectivity*

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INTRODUCTION

Potential medical students in Germany face a very simple but severe restriction: in order to be able to study medicine, they must have a very good school-leaving certificate (*Abitur*) because most places in medical courses are still allocated according to the latter. This requirement has become more difficult over the years due to the higher grade averages required for acceptance as a medical student. This is because the gap between the number of applicants and places in medicine is widening. At the same time, medicine in Germany employs the largest proportion of students from academic households (72%) and enjoys high social prestige overall (Middendorf et al. 2017). For these reasons, it is also a preferred space for the upper and upper-middle classes to reproduce themselves and their social status professionally and socially (Gerhards–Németh 2015; Reimer–Pollak 2010). Medicine is one of the four classical academic disciplines (the other three being law, theology, and philosophy) and is (still) associated with high reputational or symbolic capital (Bourdieu 1986; Bourdieu–Wacquant 2013). Society trusts and values doctors; they have a very favourable labour market position, and their income is high. The reproduction and valuation of high economic capital and relatively high cultural capital are concentrated in the high symbolic capital that the medical profession represents. Studying medicine is, therefore, consciously or unconsciously, an investment or educational strategy (Schäfer–Walgenbach forthcoming) for achieving or securing a high socioeconomic position (Kolbert-Ramm–Ramm 2011). In a field of study that is strongly defined by symbolic capital and its exclusivity, symbolic differences or difference-making and distinction within medicine follow a different dynamic than in more common disciplines (Schäfer–Walgenbach forthcoming). Students from privileged backgrounds who do not have sufficient school-leaving qualifications to study medicine at a German public university have various options to circumvent this obstacle. One option is to study medicine abroad in another EU country that does not have such restrictions. The number of German medical students abroad (worldwide) was ca. 8,000 in 2020, around 8% of all German medical students (Federkeil–Friedhoff 2023). The top five destination countries are all EU Member States (ibid.).

Student migration has become a widely studied topic, but most research on student migration focuses on flows from the periphery to the centre (Robertson 2008). For example, outbound student mobility from former socialist countries in Europe has been well documented and studied (Chankseliani 2016). The reverse direction, from the centre to the periphery, has rarely been researched in the context of higher education, with a few exceptions for early career researchers (Lee–Kuzhabekova 2018). This paper aims to reverse this perspective and

empirically examine student migration from the centre to the periphery. More specifically, it studies how privileged students from the centre use medical programmes in the periphery to reproduce their advanced social position and symbolic capital at home. This is based on the theoretical background of centre–periphery as formulated in world-systems analysis (Wallerstein 1974, 1976, 2004). However, the unit of analysis here is not the macro level but the micro level, in particular, the reproduction mechanisms of symbolic capital among students. This adheres to a relational and critical understanding of the social recognition of symbolic power, as well as a cultural and economic distinction in the understanding of a theory of practice (Bourdieu–Passeron 1990). The empirical analysis is based on interviews with nine German students studying medicine in an EU country in the periphery. They form a sub-sample of a larger project that involved a total of 95 interviewees (Schäfer–Walgenbach forthcoming). The article first outlines the specific value and (symbolic) power of medicine in Germany before turning to the centre–periphery tension in the context of higher education in Europe. The subsequent findings will be presented and discussed in the given theoretical context.

Medicine as a discipline with high symbolic capital

Medicine as a discipline, course of study and profession is of particularly high socioeconomic value and prestige in Germany. Doctors are sometimes ironically referred to as 'demigods in white,' underlining their perception as a powerful and respectable authority, but at the same time, perhaps overconfidence. In Germany, they rank first on the scale of professional prestige (Institut für Demoskopie Allensbach 2013). Certainly, medical graduates are among the top earners compared to their peers (Statista 2022), and they almost always find a job immediately. This high social prestige is also reflected in the student body: 61% of students have at least one parent with a university degree, and 41% have two parents with a university degree – the highest for any course (Multrus 2006). Studying medicine is a safe investment in the social reproduction of the upper class (Kolbert-Ramm–Ramm 2011).

In other words, doctors represent and 'have' a mixture of high economic and cultural capital, which defines their relatively high 'symbolic capital' according to their social class position (Bourdieu 1986; Bourdieu–Wacquant 2013). Symbolic capital is important and necessary for improving or securing one's social position in the field (of medicine) and in the general social space (society). Symbolic capital has various sources, but this paper focuses on the agent's accumulation of symbolic capital through institutionalised cultural capital: the medical degree.

Since admission to medical studies in Germany is rather difficult, alternative routes have developed over the years. One of these is studying medicine abroad, which is the focus of this paper. In general, medical students are not inclined to work abroad permanently (Gibis et al. 2012). Previous research has suggested that studying abroad provides little or no return in medicine (Kratz–Netz 2018). If short-term mobility abroad is realised during medical studies in Germany, which is quite common, it is beneficial for employment opportunities in Germany after graduation (Gartmeier et al. 2020). The most obvious advantage of studying the entire course, or at least the first part of the course (the so-called *Physikum*), abroad is that the average German Abitur grade does not play a role in the chance of being accepted. Acceptance is based on other criteria, such as a written and/or oral entrance exam, which means that candidates with lower A-level grades also have the opportunity to study medicine (Gerhards–Németh 2015).

The enlargement of the EU from 2004 onwards decisively changed intra-EU labour and educational mobility and migration, including health-related professions and studies (Wismar et al. 2011). A key development was the 2005 EU legislation *Doctors' Directive 93/16/EEC*, which deals with the mutual recognition of diplomas and titles for doctors in the European Union (Peeters 2005). This automatic recognition of medical studies in the EU, with only minimal harmonisation of training, made it much easier for German students to study in another EU country and then practise in Germany. "The system is indeed based on the principle of mutual trust" (ibid. 375). However, as this article will argue, legal trust and recognition are not necessarily the same as symbolic trust and recognition. Legal recognition within the EU has led to the rise of new medical programmes in English at universities in Central and Eastern Europe, targeting financially affluent international students (Gerhards–Németh 2015). In the spirit of 'academic capitalism' (Münch 2014), it is a lucrative business model due to the high tuition fees, which sometimes cross-finance other parts of universities. Although medicine in Germany is already the most socially exclusive programme, the student body of German students studying medicine abroad, in this case in Hungary, is even more exclusive: 57% of the students have at least one parent who is a doctor, highlighting the specificity of social reproduction in doctors' families (Gerhards–Németh 2015).

The harmonisation of the legal recognition of medical degrees in Europe allows the upper and privileged, the dominant classes, to transnationalise their approach to social reproduction and to align themselves more closely with transnational capital and lifestyles (Boswell–Chase-Dunn 2000; Gerhards–Németh 2015). At the same time, they come from dominant classes in countries of economic and political power, the centre, to study at universities in Central and Eastern Europe, the periphery.

The higher education semi-periphery in the European Union

According to world-systems analysis (WSA), the world economy is defined by a structured relationship between the centre, the semi-periphery and the periphery (Wallerstein 1974, 1976). Although these three areas are not equated with specific countries in order to avoid methodological nationalism, there are de facto core, peripheral and semi-peripheral countries. Countries are usually spaces where core-like or peripheral production processes tend to cluster, which justifies the language of core and peripheral states, as long as the production processes as the source of centre and periphery are not forgotten or overlooked. The relationship between centre, semi-periphery and periphery is not equal, but the centre extracts economic surplus from the other two. What makes an economy core or peripheral depends on its production process. Core countries are dominant capitalist countries with a high organic composition of capital and high wage levels. Peripheral countries are dependent on the core countries, provide mainly raw materials, have a low organic composition of capital and low wages. In the context of higher education, this is partly reflected in the average wage level of academics in old EU Member States (centre) and new Member States (periphery). WSA's understanding of centre–periphery is relational, just as Bourdieu's concept of symbolic capital is relational (Bourdieu 1986, 1990), not a pair of terms that have separate essential meanings (Wallerstein 2004).

In world-systems analysis, the semi-periphery is defined by its intermediate status between the centre and the periphery (Raghuram 2013). The semi-periphery lacks the economic and political power of the centre, but it also has significantly more leverage than the periphery on a global scale and is also perceived as much more 'centre-like' than the latter. The countries of the semi-periphery are well and mostly directly connected to the centre and have a greater spatial and cultural proximity to the centre but are still 'below' and dependent on the centre (Mulvey 2021). In this sense, the semi-periphery shares both central and peripheral characteristics. Historically, it did not have colonies, unlike the centre, but it shared the centre's project of modernity in the form of development, modernisation and the idea of catching up with the centre (Ginelli 2018). The economic status of the semi-periphery is defined by the approval of and integration into capitalism on the side but at a much more dependent and underdeveloped level than the centre to which they aspire, which includes dependence on foreign capital to close the gap with the centre (Prokou 2006).

The direction of flow of foreign medical students is mostly to, rather than from, Germany, highlighting the country's core position (Huhn et al. 2015). Furthermore, previous research on academic migration and mobility flows shows that Germany, among other countries, is part of an academic centre of

dominance (Barnett et al. 2016; Kondakci et al. 2018; Sin et al. 2021). There is also a strong divide between Eastern and Western Europe (Glass–Cruz 2022; Shields 2016). International student mobility is also discussed within the WSA as a regional phenomenon, meaning that a core–periphery structure also exists within regions (Kondakci et al. 2018). One of these regions would be the European Union, which is legally harmonised in many aspects (see above), but still maintains and perpetuates imbalances and inequalities within the Union (Shields 2016).

According to these definitions, most of the post-2004 EU can be defined as semi-periphery, including (countries with) universities with medical programmes in English and German. As their visibility and recognition in international higher education is lower than that of the centre, semi-peripheral countries develop distinctive attractiveness capacities and assets to increase their attractiveness and solve internal challenges such as the underfunding of higher education (Sin et al. 2021; Starnawski–Griffiths 2023). The state supports this development by regulating immigration and promoting academic capitalism while leaving the detailed implementation to universities (Bamberger et al. 2019). An ostensible example of their intermediate position in the context of medical education is the fact that such programmes also attract many privileged students from the periphery but are still seen as second-best or 'Plan B' compared to studying in the centre (Przyłęcki 2018).

DATA AND METHODS

The analytical sample is a subset of a larger sample of 95 German graduate students from three different disciplines: management and business administration, medicine, and musicology (Schäfer–Walgenbach forthcoming). The interviewees were recruited using a flyer that was distributed in Facebook groups for students in the three disciplines, as well as via mailing lists relevant to those students. The interviews were conducted between October 2020 and March 2021 and lasted on average 60 minutes. Due to the COVID-19 pandemic, most interviews were held online, which also made interviews with students abroad easier. All interviews were conducted in German, recorded and later verbatim transcribed. The quotes in the findings section are translated by the author, and filler words have been omitted to enhance readability.

The subsample consists of nine medical students who, at the time of the interview, were studying abroad at a university in Central or Eastern Europe (Table 1). All of them are in the so-called second part of their studies, which

means that they are quite advanced. This is valuable for this analysis as the interviewees have already spent a considerable amount of time in the periphery and have developed more distinctive and specific attitudes and relationships with the institutions and places of their studies. Although the sample size seems quite small, it is important to note that qualitative studies, unlike many quantitative approaches, are not designed to be representative of a population but instead to identify or reconstruct features and patterns in cases that can be identified as typical based on literature review and theoretical considerations (Aksakal et al. 2019). In this particular case, spatial and social embeddedness must be specifically considered due to their importance in centre–periphery relations and the reproduction of symbolic capital.

Based on the parent study, students were sampled according to their social background, with the overall sample differentiating between upper, middle and lower classes (Vester 2003). The subsample consists of seven upper-class students and two middle-class students. Their names and profiles have been changed to ensure anonymity, as the limited number of these programmes and the small size of this group of students would make them easily identifiable.

Table 1. *Descriptive data – subsample of medical students*

Name	Country	Background	Short profile
Sara	Romania	Middle class	Parental educational devaluation after migration, full financial support for medical studies, parents seek the related social mobility
Martin	Romania	Upper class	Both parents studied, high income, large fortune, sufficient economic and cultural capital
Anna	Hungary	Upper class	Father studied and runs big company, large fortune, very expensive hobbies and travelling since her childhood, a lot of economic and cultural capital
Andrea	Romania	Upper class	Father is a doctor with own medical practice big fortune, family with expensive hobbies, pressure from father to pursue his own path and take over his medical practice after his retirement
Devin	Romania	Middle class	Father experienced educational devaluation after migration, both parents work in hospitals, therefore he is very interested and informed about hospitals and the medical system but wants to work in a higher position than his parents

Name	Country	Background	Short profile
Claudia	Romania	Upper class	Both parents are doctors, high double income
Otto	Hungary	Upper class	Both parents studied, high double income, large fortune, higher educated family for several generations, grandfather was surgeon
Helen	Latvia	Upper class	Both parents are veterinarians, mother also professor, large fortune
Lili	Latvia	Upper class	Both parents studied, father is a doctor with own medical practice, high double income, large fortune

The majority come from academic households and have substantial economic capital, which includes high parental income and wealth. In many cases, one or even both parents are doctors themselves, a pattern that has also been established for medical studies in Germany (Koeniger 2010). Parents who work as doctors are more likely to envisage social reproduction for their children through studying medicine because they have first-hand knowledge of the symbolic capital involved. The two interviewees who do not come from the upper class received substantial financial support from their parents, who are highly focused on obtaining social mobility for their children. Both cases also represent the devaluation of parental academic credentials when the parents migrated to Germany, which may explain the strong focus on social mobility in Germany, as the former embody higher cultural capital and educational aspirations than domestic middle-class parents.

The interview started with an open inquiry about the interviewee's life, where they could talk freely about biographical aspects or any personal topics that were important to them, followed by a second part involving open general questions about family, school, studies and the future. The third part of the interview concluded with a battery of problem-centred specific questions (Witzel–Reiter 2012) on the same range of topics. This type of interview can be described as a mixed form of interview, as it combines narrative and problem-centred aspects and becomes more focused as the interview progresses.

The analysis was carried out using the documentary method (Bohnsack 2014; Nohl 2010), which is very productive in explorative studies because it does not limit itself to the content of the interview but also takes into account the implicit and habitual dimensions of the interview and the interviewee. This is particularly valuable given the theoretical framework of Bourdieu's symbolic capital. The analytical foundation of the documentary method draws on the sociology of knowledge, and its communicative and conjunctive knowledge

parallels Bourdieu's concept in that it is both constitutive of social order and not necessarily consciously reflected by the agent.

FINDINGS

A common denominator for all interviewees was that studying abroad was only their second choice after studying medicine at a public university in Germany due to insufficient A-level grades. The sample confirms what previous research (Gerhards–Németh 2015) has found. The main, and usually the only, reason for studying abroad is the inability to study medicine in Germany under the conditions that students aspire to. A typical path to studying medicine in the semi-periphery includes failed attempts to study medicine in the centre.

> *And it was clear to me relatively early on, since I was about 13 or 14, that I wanted to become a physician, and then I applied in Germany and also in Austria, where there was an entrance test, but unfortunately, it didn't work out, so I sent an application to Hungary, and then I got the acceptance letter from Hungary.* (Anna)

Austria, a first-choice foreign destination for medical studies, was also mentioned in other interviews. The quality of teaching and the programmes themselves, as perceived by the interviewees, have the same symbolic power as medical programmes in Germany (Hackl 2007). However, as these alternatives are expensive in the semi-periphery, only those with sufficient economic capital can even consider tuition-fee-based options. This pre-selection is clearly evident in the sample, as students from the lower middle and lower classes are missing. Even as an alternative associated with less symbolic capital, the semi-periphery becomes an alternative only for those who can afford it (Jääskeläinen 2021). The social selectivity of medical programmes per se is even stronger in internationalised medical programmes in the semi-periphery, which are used by affluent students from the centre. Nevertheless, the question remains as to why and how these privileged students choose to study abroad.

Seeking and finding a place to study medicine

A central question concerning social reproduction in the semi-periphery is how privileged students from the centre obtain knowledge and information

about these opportunities. It mainly occurs through their networks, which prove particularly helpful if their parents are doctors and know other doctors.

> *And when I started to apply, the problem was of course that I had an Abi [Abitur] [that was] far too bad and going abroad was my only option. [...] And I came across it mainly because I had simply researched it, and then my father's best friend actually has a daughter who just started studying there in that semester, so she's already there too, well [I thought that I could] go there too. I didn't know her personally, but my father knew her father very well and, well, of course, that made it a bit less inhibited…if you already know someone there.* (Lili)

Doctors are more likely to be friends with other doctors than non-doctors because of their professional and social status (Oxtoby 2015). Their children are also more likely to study medicine (Koeniger 2010). In Lili's case, this proved crucial in her search for a medical programme abroad, which she found out about through her father, a doctor with his own practice, and his connections. Although she also searched the internet for the best possible solution, the additional information provided by her father's acquaintances finalised her decision to choose a programme in Hungary. The personal experience of people you trust is an important part of making decisions (Heath et al. 2010). The same pattern of personal social relationships through family and friends, but also through GPs, was repeated in almost every other interview in the sample, demonstrating the value and impact of such weak ties (Granovetter 1973). The only exception to this pattern was Anna, who relied solely on her systematic research into opportunities to study medicine in Eastern Europe and chose the subjectively best possible option with the highest symbolic return and close proximity to an international airport, as financial constraints were not an issue for her and her desire for transnational living (Vertovec 2009). As shown above, these two approaches, recommendations and internet research, are not necessarily exclusive and can be fruitfully combined. What both approaches have in common, however, is that they are usually almost exclusively open to upper-middle and upper-class students who bring with them sufficient social and cultural capital from their families (Clegg 2011; Schäfer–Walgenbach forthcoming). Once they arrive in the semi-periphery to realise their higher education aspirations, students face challenges to their social and professional reproduction in perceived comparison with the centre.

Symbolic deficits in the semi-periphery

Coming from the middle and upper classes, the emigrating students keep their points of comparison and relevance firmly in the centre when they talk about their educational experiences abroad. This becomes clear when they talk about certain perceived shortcomings of their studies abroad, which are usually compared with the standards and experiences they bring with them from Germany. For example, a recurring theme for students studying in Romania is the perceived problem of corruption at universities.

> *Romania has a super bad reputation, in Romania itself, the university has a good reputation, but when everyone hears that you are studying in Romania [...] there are sometimes comments when I can get really angry. Of course, I also had my prejudices, but I was also very positively surprised, and that's why, I would say … [the situation was] difficult because, of course, there are always accusations of corruption in Romania, also at the universities, and I never really noticed anything myself, but you always hear rumours or something.* (Andrea)

The perception or prejudice in Germany of a 'bought diploma' from Romania was mentioned in several interviews, and not only in those where the interviewees themselves had studied in the country, and seemed to be relatively well established in the medical (student) community. None of the interviewees in Romania confirmed these experiences themselves but they admitted that they sometimes believed them. It is not important whether these allegations are true, but that they define the perception of a medical diploma from Romania in Germany. A diploma obtained with the help of money instead of learning and educational investment is the most radical form of devaluation because it undermines the logic of the field of higher education (Bourdieu–Passeron 1990; Heyneman et al. 2008). Hence, Andrea's anger at the devaluing perception, even though it is formally accepted as equal. Even if the accusation is not as strong as that of corruption, the symbolic devaluation of medical diplomas from Eastern European countries occurs on many levels. The most common pattern is the denial of equal teaching standards during medical studies in comparison to in core countries such as Germany.

> *And when you study abroad, you often hear that you have a worse education in hospital, but when I was in hospital, it wasn't like that at all. So, it was never the case that I knew less, or I think, maybe also because of my previous education, I was always able to deal with patients quite well.* (Andrea)

> *But when I think about universities here, then studying in Heidelberg is not worth more than studying somewhere else, yes. Exactly.* (Helen)

These students know and reflect on the image and reputation of their respective universities and their degrees but conclude from their own experience that these accusations do not hold water. By referring to Heidelberg, Helen is making a specific comparison, not just to any German university, but to one of the most prestigious and oldest universities, especially for medicine. This underlines an egalitarian perception and understanding of her medical education abroad, which proves to be just as valuable as studying at one of the most highly regarded universities in Germany. The students' accounts also show that the reference point is still Germany and its programmes and that the students are in direct competition with graduates from German universities. This is related to the general core perception that the semi-periphery and periphery are somewhat inferior to their own standards, institutions and organisational rules (Wallerstein 2004). Symbolic devaluation leads students to develop counterstrategies and measures to compensate and rationalise this potential problem for their social reproduction in Germany.

Counteracting symbolic deficits in the semi-periphery

When students move to the semi-periphery to pursue their plans to study medicine, they are confronted with several symbolic shortcomings of their diplomas when they want to return to Germany. Recognising the relatively low credibility of their degrees (again, regardless of whether these considerations are objectively founded) and seeing their potential social reproduction as endangered, students develop practical and rhetorical measures to counterbalance this insufficiency. One such measure is to shift the focus from allegedly poor teaching to better practical training.

> *If you are interested and want to learn medicine, I would even say that practically you can gain much more experience here than in Germany because here you are allowed to be much more hands-on as a student.* (Sara)

Emphasising practical training rather than theoretical learning makes it possible to reorient the symbolic deprivation of the perception of the diploma itself and to focus on the actual positive consequences of studying abroad, as opposed to studying medicine in Germany. As medicine and the position of a

doctor is a practical matter in comparison to other studies/positions (Schäfer 2023), it is particularly easy and promising to reframe studies in this direction. Andrea explained how superficial perceptions or stereotypes about studying medicine abroad are followed by different impressions on the ground in Germany.

> *In Romania, you're actually in the hospital from the third year onwards; you see patients, have to touch them and so on. [...] I think the practice is more important in the end. How you work, and you notice that very quickly in the hospital. First, there are these prejudices, especially from head doctors, when they hear that you studied in Romania and I have a German student here, but when you prove yourself and simply work well, then very quickly nothing comes of it.* (Andrea)

Although the authorities in the medical field, the chief physicians, are very critical of Romanian graduates, this quickly dissipates when they can prove themselves in practical matters, which is and always has been the basis of medical work. By following this important strand of the dominant logic of the field of medicine and medical studies (Bourdieu 1990), students in the semi-periphery can revalue and repackage their supposedly below-average degrees and turn them to their advantage.

Another aspect of levelling through symbolic devaluation is extracurricular credentials. Extra-curricular credentials cover a range of practices, from internships to volunteering, part-time work experience and certified training. These are generally seen as viable options for improving opportunities in higher education (Brooks 2007; Schäfer–Walgenbach forthcoming), but they become particularly important in the context of perceived symbolic deficits.

> *And now, just when we (...) when it is slowly coming to the end, I still have two years left; I am very consciously thinking about which working group will look good on my CV or which internship will look good on my CV because I have the feeling that I have to compensate a bit for this Eastern European university.* (Lili)

Lili shows a clear conscience and has a plan for strategic development, as can be seen in the repetition that "it will look good on a CV," which again is mainly related to the symbolic level of education and its references, which is the area in which her diploma lacks competitiveness. It seems essential for her to include these extras in her studies in order to compensate for the rest of her studies, which she considers unsuitable for her desired symbolic and social purposes.

This approach is taken even further when the extracurricular qualifications are obtained in the centre.

> *But I have proven myself, in other hospitals, in other internships, abroad, in Germany, I can do these things, (...) is, of course, a plus point. I also usually collect the certificates from the internships where it says that I (...) did good work, and I take that as a guarantee, so to speak, that I didn't just buy my title. For example, when I studied in Romania, I thought about taking an internationally recognised test [in the US].* (Sara)

Her references are anchored in the centre of perceived academic and medical excellence (Germany, USA). The fact that she was able to pass a test that students have to take in the USA proves her 'worthiness' in respect of the accusations and prejudices against graduates from Eastern European universities. She incorporates episodes of core experiences into her overall semi-peripheral study experience to demonstrate that she is still part of the centre and its symbolic recognition.

The final aspect that emerged from the data differs from the previous measures in that it does not adjust or complement the study abroad itself, but rather the expectations and consequences about students' diplomas at home in the centre. This is reflected in the fact that they make 'pragmatic' or adjusted assumptions about their perceived chances in the German labour market.

> *I'm aware that I probably won't get into the Charité [university hospital in Berlin] directly with my Romanian degree, but that's not really what I want.* (Claudia)

> *Of course, I don't get the top post at some university hospital straight away, you only get a university hospital if you've done your doctorate in Germany anyway, but I get the same opportunities as a German doctor after my studies.* (Devin)

The knowledge and recognition of their diminished chances in Germany's top medical institutions, which are on a par with research-intensive university hospitals, seems obvious and widespread in their accounts ("of course"). This assumption or adaptation does not compensate for the symbolic disadvantage but changes the interviewees' strategy of social reproduction. Since they are aware of their relatively disadvantaged position after graduation, they find merit

in the fact that they do not have to achieve a great career as a doctor in order to become a respected and well-paid doctor. The demand for doctors in Germany is very high (Schumann et al. 2019), which comforts students' with regard to their strategies for social reproduction and finding a suitable job.

> *So I know that simply because I have a European medical degree and because I speak German fluently as my mother tongue, I definitely have a very good chance of taking up a profession that I would like to. Well, there is a shortage of doctors, especially German-speaking doctors are very much in demand, and I believe that as soon as I have a reasonably acceptable degree, a lot of doors will be open to me in any case.* (Lili)

The bottom-line argument here is that the students accept the underwhelming symbolic perception of their foreign diploma from the semi-periphery (Latvia, Romania) in the centre (Germany); however, the need for doctors in Germany is large enough for them to find an adequate job as a physician in any case. This ensures their social reproduction. However, this does not happen at top institutions in Germany. Insofar as they plan and act according to their social trajectory, the interviewees are not from the elite but from upper-middle and upper-class families, which form a much larger social group (Vester 2003). Therefore, their pathways and opportunities for social reproduction are wider and potentially more diverse. Nevertheless, just as the group of the upper-middle class in the sample is heterogeneous, how the semi-periphery relates to the centre is also diverse, as shown in the next chapter.

Differences in the semi-periphery: Not all destinations are perceived equally

A closer look reveals that there are no quotes from students studying in Hungary in the previous two chapters. This is not a coincidence, as these students talk about their medical studies in a rather different way than the rest of the sampled respondents abroad.

> *I studied in Budapest. Luckily, there is a German-language study programme, which means we were, I think, at the beginning 200, at some point, only 150 actually only Germans, Austrians or German-speaking Swiss. And that was really nice because you were abroad but still had your German community; we were like a small family, actually. I lived in three or four shared flats, always with other Germans, and at*

> *the end of the last three years with two good friends, and yes, I was very familiar, also with the professors, because you had small groups, which is also different compared to German universities. What I had heard about Germany was a lot of sitting in the lecture hall, little contact with the professors and we really had a close relationship with our professors.* (Anna)

It is not only the much more positive description and experience of her medical education that differs from the previous quotes. The quality of teaching is explicitly mentioned as being superior to German higher education because of the more personal relationship with professors and supervisors. However, it also involves the re-creation of places for students from the centre (Germany, Austria, Switzerland) in the semi-periphery, bringing a core exclave into the realms of the periphery, so to speak (Astfalk–Müller-Hilke 2018). Students do not have to engage with the semi-periphery, either educationally or socially, as the programme is specifically designed for German-speaking students. They combine the advantage of studying medicine without a restrictive *numerus clausus* in the semi-periphery with the advantage of its symbolic association with the centre. This symbolic recognition also lies in the fact that the programme is the oldest of its kind and, in contrast to other medical programmes, had developed its reputation over several decades before the country's EU membership (Szabó 2010). This exclusivity comes at a price, and it is not surprising that the programme's tuition fees are the highest among the international medical programmes in Central and Eastern Europe. However, the large financial investment has great symbolic benefits. In the field of medicine, the degree seems to be recognised as worthy and equal to (or even better than) any German university degree.

> *And so it was important for me that there is such a form of reputation and also for me, it was really important that the teaching in a certain form actually fulfils the reputation that it is good. Because if I now go somewhere in Poland, I have meanwhile also experienced that there is a university, they probably have extreme problems there with the students and it is probably not so rosy. And it was clear to me that I would not want something like that for example.* (Otto)

This is where the symbolic and the practical come together. As we have already seen in the accounts of the Romanian and Latvian universities, these two aspects are not necessarily linked, but they can be combined. For Otto, the semi-periphery, exemplified by two universities in Poland and Hungary, is not a homogeneous

block but promises very different returns in terms of medical education. Therefore, he took the time and energy to research the different conditions before applying, thus showing a clear agenda targeted at sustainable social reproduction (Bourdieu 1998). This matches the socioeconomic-educational profile of Otto and Anna. As already mentioned, the sample shows a certain heterogeneity, even among the upper-class students. The two students mentioned here come from families which, in comparison to other interviewees, are relatively wealthier, have a lot of cultural capital and/or have a long tradition of higher education spanning several generations (Bourdieu 1984, 1986; Schäfer–Walgenbach forthcoming). Otto's choice makes him "proud," which contrasts sharply with the other students' comments about their universities, which are much more defensive and critical. But it became clear, even for Otto, as he continued his narrative, that moving abroad only became an option when it was absolutely clear that he would not be able to study medicine in Germany, demonstrating once again the symbolic fortress that the centre reproduces for itself.

CONCLUDING DISCUSSION

This paper began with the question of how privileged students from the centre use medical programmes in the periphery to reproduce their advanced social position and symbolic capital at home. It posed this novel question because medical studies are still one of the most secure pathways for social reproduction (Bourdieu–Passeron 1990) due to their high symbolic recognition in Germany. At the same time, medical studies in Germany have one of the highest entry barriers due to their *numerus clausus*. Due to new EU regulations about the EU-wide recognition of diplomas from Member States and the subsequent establishment of many international medical programmes at universities in the EU semi-periphery, going abroad to study medicine in English or German in another EU country became a viable option for students who could pay high tuition fees (Gerhards–Németh 2015). The spatial shift and relocation of their places of symbolic upgrading and social reproduction were analysed within a centre–periphery framework. By studying abroad, the students were able to realise their goal of studying medicine and thus reproduce their parents' relatively high social status, which would otherwise not have been possible or only at the cost of a significantly delayed degree (ibid.). Their rejection of social reproduction as a major motivation for going abroad may be related to the relatively low symbolic capital of their universities. However, in line with the theory of social reproduction and differentiation (Bourdieu 1984, 1990), it

became clear that the mechanisms of social reproduction operate predominantly implicitly and are not necessarily reflected by the interviewees (Astfalk–Müller-Hilke 2018; Bourdieu 1984, 1990; Nohl 2010).

Moving to the semi-periphery is always the fallback option when studying in the centre is not possible. This finding is in line with previous research showing that 'regional hubs' only serve as a second choice (Kondakci et al. 2018). Going abroad to study medicine is a riskier option for German students than studying at home or in other core countries, especially in terms of finances, resettlement, adaptation to a new environment and symbolic recognition. As a result, students only consider studying medicine in the semi-periphery after evaluating and testing their options in Germany or other core countries such as Austria. At the same time, it is only an option for those students who can afford the relatively high tuition fees, which is virtually not the case for most of the lower middle and lower classes. In this respect, the group of German medical students in the semi-periphery is rather exclusive. However, there are also social differences within this group, which are reflected in their specific choice of destination.

The semi-periphery is divided into different sectors of symbolic recognition. These sectors are perceived differently due to their historical and academic trajectories, including places where no symbolic downgrading is experienced. In this sample, we see a clear divide between Hungary on the one hand and Latvia and Romania on the other. In previous research, Hungary has been explicitly identified as historically and contemporarily semi-peripheral (Gerhards–Németh 2015; Ginelli 2018). However, Hungary is geographically closer to the centre and has a tradition of delivering medical studies for international students that is much older than the Council of Europe directive or even Hungary's EU membership (Szabó 2010). This shows that even within the semi-periphery, there can be differences in symbolic recognition and capital due to different traditions. There seems to be almost a negative correlation between the distance of a university from the centre and its financial costs and symbolic reputation. Furthermore, specific programmes taught in German at Hungarian universities create a rather exclusive group and self-identity of students in which they can encapsulate their perceived superiority even outside the centre. This claim is in line with the current literature, which asserts that semi-peripheral countries tend to attract more international students (Sin et al. 2021), although in this case, it is precisely students from the centre.

If studying in the semi-periphery is associated with symbolic disadvantages, it potentially jeopardises the social reproduction of students at home. These shortcomings and disadvantages were perceived by the students themselves, sometimes on the basis of actual experiences on the ground, but mostly through the reception and reproduction of a certain image and reputation of their

programmes in the field of medicine in Germany (Bourdieu 1998; Gerhards–Németh 2015). On the other hand, their practical critique is very much in line with the general claims about the characteristics of the (semi-)periphery, in particular, weak institutions leading to corruption, a low quality of education, and ultimately, a poor reputation for educational qualifications (Wallerstein 1974, 2004).

On the basis of this symbolic weakness and the underwhelming reception of their diplomas in Germany, the students develop and implement measures and strategies to counterbalance and counteract these symbolic deficiencies in order to bring their medical profile into line with the expectations of the centre to which they wish to return (Schäfer 2023). These measures include an emphasis on better practical rather than theoretical training and extra-curricular activities and qualifications from other institutions, preferably from the centre, and the positioning of their work profile and studies within an internationalised trajectory. However, students' internationalisation strategies or approaches are not central to their educational pathways, which makes this strategy less relevant than the other two. Another way of adapting to their circumstances is to lower their expectations of their work opportunities in Germany, where there is a shortage of doctors, which may allow them to work in the medical sector, but perhaps not in a prestigious hospital, thus tempering their social reproduction aspirations.

By bringing together issues of symbolic recognition and capital at the micro level with a centre–periphery perspective at the macro level, this study contributes to discussions on social reproduction and the spatial mobility of university students in the context of EU regulations. The novelty of this study lies in its reverse perspective. It shows how (temporary) movement from the centre to the (semi-)periphery, despite its shortcomings and obstacles, is used for social reproduction in the centre under the relatively unique framework and conditions for intra-EU mobile medical students. This also touches on some of the limitations. Intra-EU study mobility as part of social reproduction is unique to medicine, as other study programmes that are typical for upper-class social reproduction, such as law, do not have the same strict entry barriers at German universities (Reimer–Pollak 2010; Schäfer–Walgenbach forthcoming). This means that the findings presented here are idiosyncratic to medicine and cannot be applied to other disciplines to the same extent. Although there are some indications, the sample is too small to draw generalisations about the social background of the respondents and their choice of country. However, it is notable that the two participants who came from families with the longest tradition of higher education and the greatest wealth chose Hungary as their destination country. Further research should investigate the extent to which

national higher education systems shape such reputations and choices and whether intra-national differences between universities play an even greater role. This question cannot be answered with the present sample, as the sampled university enjoys an outstanding reputation within the national higher education system.

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