

Resolution of the
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Video conference

**Academisation of the
Health Professions
Position Paper**

HRK German Rectors' Conference

The Voice of the Universities

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Health care faces growing complexities: globalisation, demographic change, digital and technological progress, increasing diversity and the implementation of inclusion. At the same time, the legitimate demands of society are increasing in terms of patient-centeredness, evidence-based care, density and quality of care, distributive justice, affordability, data protection and transparency. Along with the opportunities provided by research and development for modern, technology-based medicine, nursing, midwifery and therapy, adequate education and qualification of the appropriate experts are needed to address these demands. All those involved in a seamless chain of care – whether it be physicians, medical therapy staff or other professional groups – must increasingly not only focus on their own specialisation in a competency-based and more autonomous manner, but also develop interdisciplinary and interprofessional capacity for action and science-driven innovation.

In light of this situation, recommendations for the academisation of the health professions – in which Germany is lagging far behind the G7 countries, our immediate neighbours and the rest of the EU – have rightly featured on the agenda of policy bodies for some time (WR 2012, HRK 2017). The degree of implementation of academisation in different occupational fields is clearly out of step. In nursing, for example, (partial) academisation has already been regulated by vocational law; for decades the therapy professions have remained in a dysfunctional parallelism (HVG and VAST 2018) of training and degree courses, the latter provisionally legitimised via model clauses; midwifery is in the process of moving fully to academisation based on European Union law, but still without a sufficiently regulated funding basis, see HRK 2020.

Academisation, understood as the partial or complete transfer – depending on requirements – of training tasks to the remit of universities, not only serves to adapt job profiles to the increased degree of complexity described above (BMG 2020). It also complies with professional regulations covering restricted tasks and is intended to make training courses and careers more attractive – not least by raising remuneration, which has hitherto been consistently below average vis-a-vis comparably qualified persons in other occupational groups. This adjustment could make Germany less dependent on the recruitment of foreign skilled workers or, in some areas, even attractive to professional migrants from other European countries in the first place. The implementation of academisation is also a basic prerequisite for constructive interprofessional cooperation and scientific progress in health care. An academic self-image not only provides the basis for reflexive professional action and responsible self-directed lifelong learning, but enhances the quality of care for patients through evidence-based practice. It also counteracts widespread attitudes and practices that endanger health and are not, or not sufficiently, science-based.

The HRK Executive Board therefore urgently appeals to government to significantly accelerate the process of academisation of the health care professions in order to meet the nation's urgent need for the

development of the relevant academic disciplines and ensure that it is not completely left behind internationally. The benchmark for accelerated academisation of the health care professions remains the expected improvement in the quality of care in each respective area. The fact that the process poses greater difficulties than those faced, for example, in the course of transforming engineering education about fifty years ago, which was similarly initiated by European standardisation projects, should be acknowledged here and briefly explored given the significantly more complex interrelationships:

- financing issues constitute a complex pattern of interdependencies not only at the departmental level of politics (health, science/education) and between the Federal Government and the federal states, but also impact (via the Hospital Financing Act) the social insurance institutions and institutions involved under SGB V and SGB XI.
- A roadmap process "Health Professions 2025" is required, providing the framework for developing an implementation concept for the academisation of the health professions. A series of steps for the academisation of the health care professions, each with additional resource requirements for the development of scientific disciplines and the establishment and operation of corresponding study programmes, should be devised that does justice to the aforementioned complexities and different stages of development of the educational programmes and occupational groups.
- Universities and universities of applied sciences with their respective strengths, profile characteristics and relevant experience (basic research, application-oriented research, dovetailing of teaching and practice, related disciplines in the clinical, social or technological fields) are to be included in the upcoming transformation process. It should be noted that the different types of university are already combining their strengths, profile elements and experience, for example in joint health campuses, and are thus making significant contributions to the development of independent scientific disciplines and the implementation of science-led curricula in the health professions.
- There is a need to clarify the roles and responsibilities of the health care institutions (in particular, university hospitals, standard care hospitals, outpatient and rehabilitation areas, aged care and nursing homes), not least in order to be able to increase the potential for care, effectiveness and efficiency of the individual health care professions.
- Against the background of increasingly interprofessional duties, academisation must prove itself in the development of theories, methods and research paradigms specific to each discipline. The

appropriate framework conditions (research funding, doctoral education programmes, career paths) need to be established and adequately balanced with established and institutionalised related disciplines.

- For an expansion of higher education qualifications – primarily in the form of primary qualification courses of study – the development of disciplines in the health care professions must be facilitated and promoted.
- The future of evidence-based health care lies in respectful and constructive cooperation, starting at university, continuing in research and ending in everyday professional life. Ultimately, a changed understanding of professions will have to be negotiated and practised.

For science-based, quality-assured and economically efficient health care, for jobs that remain attractive to employees and for future-ready professional profiles, both discourse involving society as a whole and a multi-faceted effort with consequences for standardisation, responsibilities and cultural practices are required. The starting point, and one that has been lacking to date, is an appropriately clear political declaration of intent and acceptance of responsibility, followed by concerted activities to be initiated at the federal level.

The HRK Executive Board therefore considers a clear positioning of the parties in the context of the Bundestag election campaign to be indispensable and strongly encourages constructive dialogue with university leaders.

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