

Resolution of the
26th General Assembly of
the German Rectors' Confer-
ence (HRK)
on 14 May 2019
in Rostock

Satellite campus models in medical training

HRK German Rectors' Conference

The Voice of the Universities

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Executive Summary

Efforts to establish new training models in medicine, referred to as 'satellite campus models' or 'satellite models', have been intensified in recent times. In these models, German universities cooperate with municipal and private hospitals. Expanding the courses on offer in medicine in this way is feasible. However, these models must meet the high quality requirements for academic studies in medicine. It is important to note the following factors in this regard:

- The unity of research, teaching and patient care must be preserved.
- There must be interaction between all those directly involved in university medicine and cooperation with other university disciplines as well as with non-university research institutions. Collaboration ought to translate into joint and coordinated structure and development planning, clear constitutional and governance structures and effective contractual agreements on the goals and deliverables of cooperation.
- The model is the academically and practically trained physician. The acquisition of scientific skills at university is a necessary precondition for responsible vocational medical training.
- Participating hospitals must meet corresponding structural and staffing prerequisites for academic and practical training and play an active role in patient-oriented clinical research in particular. A suitable research-based infrastructure must be in place for this. In general, the satellite campus must be staffed and financed in such a way that, in addition to patient care, there are sufficient resources and enough time for research.
- As is generally the case in university medicine, senior staff responsible for the primary clinical stage of training must have adequate research experience and meet general quality standards for scientific achievements in the appointment of professorships in medicine.
- The objective defined in the 2020 master plan of linking pre-clinical and clinical training more closely in future and combining clinical and theoretical training from the first semester until the end of training must also be achieved in satellite campus models.
- Students at the satellite campus must have adequate opportunities to directly access science and research when preparing for potential doctoral training.
- To support an academic career in medicine, care must be taken to ensure that research-oriented physicians can pursue research work and have access to an adequate research infrastructure.

A. Baseline situation

Interest in studying medicine remains high, and demand has been greatly exceeding the number of available study places for years. In recent years, the supply of study places has been increased by initiatives of a cross-border collaboration, usually taking the form of cooperation between a foreign university and a private or municipal hospital in Germany or the complete provision of the curriculum by a German cooperation partner. The HRK addressed this trend, which can only be influenced to a limited degree due to European legal

regulations, in the resolution of its 18th General Assembly "Franchising Models in Medicine and Medical Schools"¹. In it, the HRK strongly urged state legislatures to introduce organisational and qualitative regulations to ensure that academic standards are observed and high-quality academic medical training is guaranteed through the required scientific study at a university.

B. Satellite campus models

Efforts to establish further training models, referred to as 'satellite campus models' or 'satellite models', in addition to franchising models have been intensified in recent times. In these models, German universities cooperate with municipal and private hospitals as 'satellites' or 'satellite campuses'. This is intended to increase the number of study places. A variety of motives and learning objectives play a role in the establishment of satellite campus models depending on their location. This includes various reasons such as increasing the number of study places, aspirations motivated by municipal or regional policy with regards to upgrading municipal hospitals to university hospitals, specific training objectives such as greater consideration of general medicine in studies, the hope of countering the impending shortage of care in rural areas with appropriate training models, or increasing the number of study places in order to give graduates of partial study places the opportunity to complete their studies.

C. Requirements for satellite campus models

Increasing the number of courses on offer in medicine undoubtedly accommodates the strong aspiration of applicants to secure a study place. Satellite campus models are therefore feasible in principle. However, they must meet the high quality requirements for academic studies in medicine. The following factors are important to consider with respect to high-quality training in medicine:

1. Universities and university medicine as a community of responsibility

The special position of university medicine arises from the combination of research, teaching and patient care. This synergy is the prerequisite for a high-quality academic course of study, the qualification of early career researchers, comprehensive translational research and thus the development of new, innovative treatments. Cooperation between everyone directly involved in university medicine and collaborations with other university disciplines and non-university research institutions are essential to the process of innovation in university medicine. The three interlinked areas in university medicine – university, medical faculty and university hospital – form a community of responsibility. The medical faculty and university are

¹<https://www.hrk.de/resolutions-publications/resolutions/beschluss/detail/franchising-models-in-medicine-and-medical-schools/>

responsible for delivering excellent research and teaching and for the qualification of early career researchers. The university hospital has a translational healthcare mandate and, as a place of clinical research, is responsible for providing research-based patient care that also serves the purposes of research and teaching.

The community of responsibility takes the form of joint, coordinated structural and development planning between the university, medical faculty and university hospital, clear constitutional and governance structures and effective contractual agreements on the goals and deliverables of cooperation (see Resolution of the HRK General Assembly dated 10 May 2016 "University medicine as an integral part of the university"²). On this basis, it must also be ensured in a structural sense that uniform medical training is guaranteed as a university course of study throughout the duration of study at a high level in close contact with university research in satellite campus models. Leading positions in the training departments of participating hospitals must also be staffed in a suitable procedure in consultation with the associated medical faculties or universities. The medical faculty is responsible for ensuring quality development and assurance for the provision of the course.

²<https://www.hrk.de/resolutions-publications/resolutions/beschluss/detail/university-medicine-as-an-integral-part-of-the-university/>

2. No two-tier training in medicine

An individual can obtain a degree in medicine by following a course of academic study at a university. The relevant quality requirements are set out in the implementation of the EU directive on the recognition of professional qualifications (Article 24, Paragraph 2) in the Federal Regulation on Medical Practitioners (Bundesärzteordnung) and the Regulation on Licences to Practise Medicine (Approbationssordnung für Ärzte). The model is the academically and practically trained physician. The acquisition of scientific skills at university is a necessary precondition for responsible vocational medical training.

Plans to train a new type of physician, in which sacrifices are made in training with regards to academic qualification and involvement in current research in view of professional activity in rural areas at a later point in time, must therefore be staunchly opposed. A two-tier system for medical training, in which academia must take a back seat to practice in a separate model, would not only contradict the model of the academically and practically trained physician but also the actual requirements for medical activities. Healthcare in structurally disadvantaged areas is not less demanding, but rather it places higher demands on the registered physician in view of increasing outpatient treatment, digitalisation and telemedicine, complex care processes and the high pace of innovation.

3. Requirements for the resources of the satellite campus

To ensure the quality of training in satellite campus models is comparable to university medical training, participating hospitals must meet the structural and staffing prerequisites for academic and practical training and play an active role in patient-oriented clinical research in particular. A suitable research-based infrastructure must be in place for this. As is generally the case in university medicine, senior staff responsible for the primary clinical stage of training must have adequate research experience and meet general quality standards for scientific achievements in the appointment of professorships in medicine.

In general, the satellite campus must be staffed and financed in such a way that, in addition to patient care, there are sufficient resources and enough time for research, where applicable, in a supportive partnership with the main campus. When establishing satellite campus models, participating state governments must ultimately be aware that it is associated with the same amount of costs as traditional medical training. The German Council of Science and Humanities recently provided framework data regarding the resources required for university medicine in its recommendations on university medicine in Saxony.³

4. Execution of the 2020 master plan: the vertical integration

³ <https://www.wissenschaftsrat.de/download/archiv/6655-17.pdf>

model

The objective defined in the 2020 master plan of linking pre-clinical and clinical training more closely in future and combining clinical and theoretical training from the first semester until the end of training must also be achieved in satellite campus models. This will require a great deal of effort considering the distance to the main location.

Using vertical integration, the 2020⁴ master plan consistently implements the model of the academically and practically trained physician and thus the inseparability of academia and practice. Practical elements such as consolidating general medicine in universities and developing skill and practical relevance are prioritised in the master plan. However, the licensing regulations for medicine (ÄApprO) must also be adapted so that students are better engaged with academic questions within the framework and as part of normal medical studies.

Physicians must be familiar with and understand scientific methods and findings in order to satisfy the increasingly complex demands placed on medical care. The call for basic scientific knowledge to be more intensively imparted in medical studies, as the German Council of Science and Humanities has been recommending for some time, is self-explanatory for academic courses of study at a university. The overall research continuum (from basic research to healthcare research) forms the scientific foundation. Satellite campus models must also address this challenge. Practical relevance and academia should not be considered mutually exclusive, they must also be interlinked in satellite campus models.

5. Quality-controlled doctoral degrees in medicine

Doctoral training in medicine in Germany is subject to international criticism because, departing from the standards of doctoral degrees in other disciplines and the international PhD model, it is often undertaken alongside studies, and does not offer adequate preparation in scientific methods and working techniques.⁵ The imparting of basic scientific knowledge and methods must therefore be anchored in studies in such a way that all students acquire basic knowledge of research methods and techniques.

The issue of doctoral degrees could worsen in satellite campus models if students and doctoral candidates lose their focus on research due to training on the satellite campus. As a result, suitable measures – on the one hand – must ensure that students have adequate opportunities to come into direct contact with research and science on the satellite campus when preparing for potential doctoral training and links are not only forged with medicine on the main campus, but

⁴ <https://www.bmbf.de/de/masterplan-medizinstudium-2020-4024.html>

⁵ <https://www.hrk.de/resolutions-publications/resolutions/beschluss/detail/on-quality-assurance-for-doctoral-degrees-in-medicine/>

with the natural sciences, engineering sciences, the humanities and social sciences, in a similar way to that set out in the model of the community of responsibility, made up of the university and university medicine. On the other hand, satellite campus models also offer special opportunities in research as different spectra of diseases and conditions prevail there than in university hospitals.

6. Development of academic career paths in medicine

It is undisputed that academic careers need to be made an attractive alternative to careers as specialists in order to attract more physicians to research work to generate innovations in medicine. This objective will encounter serious issues, which may be intensified by the satellite campus models, in the established training model if no adequate environment and adequate conditions can be offered for research. Care must therefore be taken to ensure that research-oriented physicians have the opportunity to pursue this research inclination and are given access to the research infrastructure on the main campus, provided that these structures are unavailable on the satellite campus.

D. Medical care in structurally disadvantaged areas

Whereas a general shortage of physicians is disputed, distribution problems with particular regard to the shortage of registered physicians in rural areas are indisputable. However, an increase in the number of study places can only help solve this distribution problem to a limited degree. Instead it will be essential to tackle the causes and address structural problems such as income disparities, working hours, the inability to balance work and family life, as well as holding on to existing structures. Effective solutions such as the establishment of healthcare centres in rural areas, team solutions that allow for a better balance between work and family life, the delegation of activities to other healthcare professions and more inter-professional collaboration could help overcome shortcomings. The inadequate supply of physicians in structurally disadvantaged areas is just part of a larger problem of care in rural areas; new approaches must be taken to address this in municipal and regional politics.

If there is a desire to increase the number of trained physicians in the hope that more of them will take up work in rural areas, expanding established and proven training in the association of medical faculties and university hospitals should be seen as a priority in the course of achieving this. However, such an expansion should be reason for participating faculties to add the issue of medical care in rural areas to the curriculum. It is a mistake to assume that training of

comparable quality can be provided in new forms of cooperation at much lower costs per trained physician.^{6 7}

E. Summary

Satellite campus models must meet the same high requirements as those for university medical training in the local association of medical faculties and university hospitals. They should not be misinterpreted as a way to establish medical training facilities with sacrifices in the quality of training and reductions in cost. The HRK calls on state governments to critically review satellite campus models.

⁶ Reduced overall costs for individual satellite campus locations can only be achieved by comparing the much lower number of students with the established locations of university medicine.

⁷ See the identical summary of the Deutsche Hochschulmedizin e. V. on satellite campus concepts for university medical training, https://medizinische-fakultaeten.de/wp-content/uploads/2018/07/Stellungnahme-Zweitcampus-D-Hochschulmedizin-180626_Endversion-MFT.pdf.