

2016

# Key Points on Non-State Medical Education in Germany

## Position Paper



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# Preliminary remarks

To draft the present position paper on non-state medical education in Germany, the Medicine Committee of the German Council of Science and Humanities spoke to various providers of non-state medical degree programmes in Germany and requested written information from all providers known to it. It also spoke to external experts. The German Council of Science and Humanities is indebted to all institutions and persons involved.

The Council passed the existing position paper on 22 January 2016 in Berlin.

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# Preamble

In Germany, state medical education is offered in 36 medical faculties at state universities and ends with a state examination. Medical degree programmes are influenced by the Licensing Regulations for Medical Doctors and Dentists (*ÄApprO/ZApprO*), which govern access to the medical and dentistry professions. Degree programmes are organised in close cooperation between universities and university medical centres, generally under the responsibility of a Federal State, whereby the interaction between the university hospital and university is governed by the State Higher Education and/or University Hospital Act (*LHG/UKG*), taking the academic freedom guaranteed by the Constitution into consideration. Access to medical programmes at state universities is subject to the central admission system via the Foundation for Higher Education Admission (*SfH*); the admission numbers and thus also the student/faculty ratio are determined by the Capacity Regulation (*KapVO*).

In addition to the range of state programmes on offer, a number of non-state |<sup>1</sup> medical degree programmes have been established, which have different structural and legal framework conditions than the state sector in many ways, and have delivered fresh ideas for education. The most important differences are in the links between the educational institution and/or faculty and hospitals, and thus in teaching, research and healthcare in education, in admission to the degree programme and/or in the selection of the students and the student/faculty ratio. If a non-state medical degree programme is offered via a cross-border cooperation of a German institution with a European higher education institution, the governing framework of the Licensing Regulations for Medical Doctors and Dentists (*ÄApprO/ZApprO*) does not apply, and quality control options are restricted to European regulations due to the European principle of freedom of movement.

Regardless of the respective framework conditions, the quality standards for medical education will rise in the years to come as doctors have to meet higher

|<sup>1</sup> The term “non-state” encompasses all medical education programmes which are not carried by the German states, i.e. also medical education programmes provided in collaboration with state universities outside Germany.

demands in increasingly complex healthcare situations due to demographic change and epidemiological changes and due to medical progress. |<sup>2</sup> In light of the fact that medical education must fulfil high and rising requirements, debates are underway as to whether and how the quality assurance of medical education in Germany is adequate and how it can be assured sufficiently in future under the different conditions in the non-state sector. To ensure that the non-state sector can use its specific freedoms positively in future, certain measures are required to guarantee necessary standards.

With this position paper, the Council is focusing on developing key points, in particular for the quality and quality assurance of non-state medical education. Its recommendations are based on the premise that medical education must remain at a university quality standard, to guarantee a high level of healthcare, irrespective of the structural, institutional and legal framework conditions for medical education. A university education is the benchmark. That is the only way to ensure that there is no two-tier medical education.

Taking a general position, the Council formulates the central principles of medical education. On this basis, it provides initial indications of the institutional and structural requirements. Finally, it gives recommendations as to how the key points formulated can be guaranteed, assuring the quality of medical education, even in the non-state sector. This framework can and should be developed as a guide for evaluating non-state medical education, specifically: an addendum to the *Leitfaden der Institutionellen Akkreditierung nichtstaatlicher Hochschulen* (Guideline on institutional accreditation of non-state higher education institutions) and the *Leitfaden der Konzeptprüfung nichtstaatlicher Hochschulen in Gründung* (Guideline on assessing the concept of non-state higher education institutions in the establishment phase), established by the Council |<sup>3</sup> in an iterative process in the years to come, based on broader experience.

In the following sections, dentistry education programmes and dentists are included under the generic terms medicine and doctor, unless explicit references are made to human medicine or dentistry programmes.

|<sup>2</sup> Wissenschaftsrat: *Empfehlungen zur Weiterentwicklung des Medizinstudiums in Deutschland auf Grundlage einer Bestandsaufnahme der humanmedizinischen Modellstudiengänge* (Recommendations on the development of medical education in Germany based on a review of model medical degree programmes), Cologne 2014, pp. 15ff.

|<sup>3</sup> Wissenschaftsrat: *Leitfaden der Institutionellen Akkreditierung nichtstaatlicher Hochschulen (Drs. 4395-15)*, Berlin, January 2015; Wissenschaftsrat: *Leitfaden der Konzeptprüfung nichtstaatlicher Hochschulen in Gründung (Drs. 4396-15)*, Berlin, January 2015.

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## A. Framework conditions

In terms of college places for medical students in total, non-state medical education in Germany currently accounts for just under three percent: For 2014 (2014 summer semester and 2014/15 winter semester), the Foundation for Higher Education Admission (*SfH*) reported a total of 10,658 places on offer in human medicine and 2,119 in dentistry in the state sector. The non-state programmes under German and/or EU law offer a total of just under 300 places in human medicine and 40 places in dentistry annually (cf. Annexes 1 and 2).<sup>4</sup> In recent years, the number of programmes established in the non-state sector has increased. The providers themselves generally mention the following reasons for establishing these programmes:

- \_ A medical programme makes the hospital location more attractive, and gives the hospitals involved a competitive advantage.
- \_ Medical education programmes outside major cities, or in areas without state medical education programmes can contribute to rectifying the shortfall of medical doctors, in particular in rural areas.
- \_ The non-state programmes serve the ongoing high demand for places in medical programmes, and enable prospective students, who are not admitted to the state medical programmes, which largely depend on the grades of final school exams (*Abitur*), to study medicine.
- \_ The non-state programmes can incorporate the need for reform in medical degree programmes and develop innovative concepts for curricula.

The Council has varying opinions of these motives: When it comes to meeting the demand for doctors at individual hospitals and in rural areas – with attractiveness and shortfall of medical doctors as the buzz words – both it and the

<sup>4</sup> The number of places for first-semester students in the private sector in Germany is based on the data supplied by the providers themselves, collected by the Council, see Annexes 1 and 2; the *Pomeranian Medical University Szczecin*, which offers places in Schwedt und Pasewalk as part of the "*Asklepios Programmes*", did not report any figures, while the other providers reported a total of 286 places in human medicine and 40 places for dentistry annually to the Council. Therefore, the figure of roughly 300 places in human medicine also includes the figures not reported from Szczecin as an approximation. In dentistry, private programmes account for a total of 1.85% of places, while they account for 2.74% in human medicine.



*Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen* (Council of Experts to Evaluate Developments in the Healthcare Sector) |<sup>5</sup> point out that the shortfall of medical doctors is a double distribution problem, which can be solved primarily with supply and career policy measures. |<sup>6</sup> The political stakeholders, in particular the municipal operators of hospitals, are under considerable pressure as a result of the distribution problems. Some state university hospital locations have incorporated rural or peripheral hospitals above and beyond the status of academic teaching hospitals. |<sup>7</sup>

State universities are also debating restricted admission to degree programmes, largely dependent on *Abitur* grades. In many cases, the admission procedures have already been modified with university selection procedures, and the use of *Abitur* grades as selection criteria has been supplemented with other factors. |<sup>8</sup> That takes the opinion into account that the selection exclusively by *Abitur* grades is not sufficiently sophisticated, especially given the different *Abitur* standards, to facilitate the best possible selection of students – even though a correlation between the *Abitur* grade and success at university has been found. |<sup>9</sup> The Council welcomes all efforts, both in the state and non-state sectors, to select suitable students, in particular in view of the hotly debated discrepancy between the supply and demand for college places in medicine. The Council recently recommended that universities should use university selection procedures to select students based on their own teaching and scientific profile to a greater extent and thus to choose the most suitable students. The

|<sup>5</sup> *Sachverständigenrat zur Begutachtung der Entwicklung im Gesundheitswesen: Bedarfsgerechte Versorgung – Perspektiven für ländliche Regionen und ausgewählte Leistungsbereiche, Gutachten 2014*, Bonn/ Berlin 2014.

|<sup>6</sup> The Council has already expressed its scepticism that the problem of distribution of doctors by region and specialism, which in its opinion is primarily a career and health policy problem, can be solved by increasing capacities in medical education. In addition to this, increasing the number of college places would probably only heighten the distribution problem, and thus the expensive undesirable side effect of excess supply in attractive regions overall. See *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums* (Recommendations on the development of medical education), loc. cit., p. 18. The Council has been working on this supply and career policy topic for some time, and will continue to do so, for example when developing perspectives for university medicine in Germany, which is to be submitted in mid-2016.

|<sup>7</sup> For example, from the 2014 winter semester, the Fulda Campus of Marburg University of Medicine was established at Fulda hospital, see <https://www.uni-marburg.de/aktuelles/news/2014c/0930a> v. 15/12/2015; in the Eastern Westphalia-Lippe (OWL) region, the "Bochum Model" was expanded to OWL, see <http://aktuell.ruhr-uni-bochum.de/pm2015/pm00027.html.de>, 15/12/2015.

|<sup>8</sup> 60% of the places in medicine are assigned via university selection procedures, 20% to the applicants with the best *Abitur* grades and another 20% to students who have waited the required time. The SfH's homepage provides an overview of the higher education institutions selection procedures: <http://www.hochschulstart.de/index.php?id=4784>. It indicates that the average *Abitur* grade is the key criterion in all higher education institutions' selection procedures, and is supplemented by additional criteria in many higher education institutions, such as relevant professional experience, results of an aptitude test, completion of youth/national voluntary service, participation in relevant competitions. Additional selection interviews are held in a few locations.

|<sup>9</sup> For an overview, see Hampe, W.; Hissbach, J.; Kadmon, M. et al.: *Wer wird ein guter Arzt? Verfahren zur Auswahl von Studierenden der Human- und Zahnmedizin*, in: *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz*, 8 (2009), pp. 821-830.

success of these selection procedures is to be reviewed with suitable studies to improve them continually. |<sup>10</sup>

The Council has itself recognised the need to reform medical degree programmes. |<sup>11</sup> As a result, it welcomes efforts to introduce innovative approaches in designing medical degree programmes. In particular, the universities with model medical degree programmes have taken new directions in this regard in recent years. |<sup>12</sup> However, the Council also fundamentally recognises the potential contribution of non-state higher education institutions to the creation of innovative higher education formats and differentiation of the higher education sector. |<sup>13</sup>

## A.1 TYPOLOGY AND LEGAL REQUIREMENTS

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The state-supported university medical degree programmes under German law take six years and are designed in accordance with the stipulations of the Licensing Regulations for Medical Doctors (*ÄApprO*): They are the basis for admission to the medical profession in Germany. They govern the objective, structure, duration, scope and content of medical education, and therefore specify a quality standard for medical education under German law. |<sup>14</sup> The academic qualification is uniform nationwide based on the state examination.

The following main models can be distinguished in non-state medical education in Germany:

1 – Non-state medical education under German law (see Annex 1): Non-state operators in Germany offer an education programme in accordance with German law in Germany, i.e. graduates receive uniform German qualifications based on the state examination and *ÄApprO*. The respective state of domicile is responsible for quality assurance of non-state programmes, which generally

|<sup>10</sup> Cf. *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums* (Recommendations on the development of medical education), loc. cit., p. 48.

|<sup>11</sup> *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums* (Recommendations on the development of medical education), loc. cit.

|<sup>12</sup> *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums* (Recommendations on the development of medical education), loc. cit. For dentistry programmes, the Council pointed out need for fundamental reform as early as 2005, see *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung der Zahnmedizin an den Universitäten in Deutschland (Drs. 6436-05)*, Berlin 2005, pp. 38-47.

|<sup>13</sup> *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., p. 8. The Council highlighted the importance of differentiation for the higher education system in 2010, *Wissenschaftsrat: Empfehlungen zur Differenzierung der Hochschulen* (Recommendations on the differentiation of higher education institutions), Cologne 2010, pp. 69-71.

|<sup>14</sup> Licensing Regulations for Medical Doctors (*ÄApprO*) dated 27 June 2002 (German Federal Law Gazette *BGBI. I* p. 2405), most recently amended by Article 2 of the ordinance dated 2 August 2013 (German Federal Law Gazette *BGBI. I* p. 3005), [http://www.gesetze-im-internet.de/\\_appro\\_2002/](http://www.gesetze-im-internet.de/_appro_2002/) dated 15/12/2015.

entails a concept assessment and institutional accreditation of the provider by the German Council of Science and Humanities (see C.I).

2 – Cross-border medical education under the law of another EU state (see Annex 2): Higher education institutions from another European country offer medical education programmes in accordance with the law of the country of origin in cooperation with institutions/hospitals located in Germany, which are completed at least partially in Germany. These programmes do not award German qualifications, the qualifications of the respective country of origin of the college are conferred. The EU Directive on Recognition of Professional Qualifications 2005/36/EC establishes the framework for this education and recognition thereof. |<sup>15</sup> The stipulations of the EU Directive on Recognition of Professional Qualifications are less detailed than *ÄApprO* and the amended version dated 20 November 2013 (Directive 2013/55/EU), which has not yet been implemented in German law, only assumes a minimum programme duration of five years, though with more semester weeks per year than is commonly the case in Germany. |<sup>16</sup> The country of origin of the college awarding the degree is responsible for quality assurance; the European law of freedom to provide services and freedom of establishment restricts quality assurance options by domestic institutions (see Annex 3 and C.I).

In addition to this, there is the option to transfer to a state university in Germany and obtain a qualification under German law after starting medical education overseas. Credits earned overseas can be used for programmes under German law in accordance with Section 12 of *ÄApprO*.

It is fundamentally possible that cross-border programmes could be created, which award a non-European qualification in cooperation between a non-European college and German institution/hospital. The recognition of these non-European qualifications, and thus the admission to the medical profession in Germany is governed by Section 3 of the Federal Medical Code (*BÄO*). However, the German Council of Science and Humanities is not aware of any programmes of this kind. |<sup>17</sup>

|<sup>15</sup> Directive 2005/36/EC of the European Parliament and of the European Council dated 7 September 2005 on Recognition of Professional Qualifications, <http://eur-lex.europa.eu/legal-content/DE/TXT/HTML/?uri=CELEX:32005L0036&qid=1446110840924&from=EN> dated 15/12/2015.

|<sup>16</sup> Directive 2013/55/EU of the European Parliament and of the European Council dated 20 November 2013 to amend Directive 2005/36/EC on Recognition of Professional Qualifications and Regulation (EU) No. 1024/2012 on Administrative Cooperation through the Internal Market Information System (“IMI Regulation”), <http://eur-lex.europa.eu/legal-content/DE/TXT/HTML/?uri=CELEX:32013L0055&from=DE> dated 15/12/2015; Article 24 is relevant. The amended Directive on Recognition of Professional Qualifications of 2013 in German law must be implemented by 18 January 2016.

|<sup>17</sup> For models of this kind, the planned free trade agreement TTIP could be relevant, if it includes the education sector. In May 2015, the German Rectors’ Conference (*HRK*) urgently recommended excluding higher education from the free trade agreement entirely, among other reasons due to the “incompatibility” of the concepts of education in the USA (education as a private investment by an individual) and Germany or parts

This position paper does not investigate the transfer option, or programmes under non-European law, it focuses exclusively on full degree programmes under German or EU law, implemented at least partially in Germany, i.e. the options 1 and 2 described. The Council will keep an eye on the subject of immigration of medical doctors from other European countries who work as a doctor in Germany based on the EU Directive on Recognition of Professional Qualifications, which is also not discussed in greater detail here.

## A.II SPECIAL FEATURES OF THE NON-STATE SECTOR

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Non-state medical education institutions are not bound to the central admission procedure for medical students or capacity law and the associated criteria (numerus clausus). Also, programmes based on EU law do not have to comply with the regulations of *ÄApprO*. Accordingly, non-state institutions can use individual selection procedures; |<sup>18</sup> programmes under EU law also have greater freedom in curriculum design than programmes under German law. |<sup>19</sup>

of Europe (education as a social responsibility), see Resolution of the 18th General Meeting of the *HRK*: The Transatlantic Trade and Investment Partnership (TTIP): Exclude Education from Negotiations, Kaiserslautern, 12 May 2015.

|<sup>18</sup> State university medical education programmes, as already mentioned, can also use individual procedures as part of the “College selection procedures”. In its *Empfehlungen zum Medizinstudium* (Recommendations on medical degree programmes), loc. cit., p. 48, the Council called on state universities to use the existing options offered by the selection procedure to focus its student selection more on its own teaching and scientific profile.

|<sup>19</sup> Note also that providers under German law can take innovative approaches in curriculum design via the “Model Clause” in the *ÄApprO*, and already have.

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## B. Principles

In the opinion of the German Council of Science and Humanities, the following are the guiding principles for medical education programmes in Germany. They apply fundamentally for all state and non-state programmes.

These principles are derived from the experience of the Council with assessing university medical locations |<sup>20</sup> and with the procedures of institutional accreditation of non-state, primarily medical institutions, and are based on the recommendations of the Council for medicine, most recently on development of medical degree programmes in Germany. |<sup>21</sup>

### B.I UNIFORM UNIVERSITY STANDARDS

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**Medical degree programmes and the institutions which host and implement them are subject to uniform university standards.**

The high level of healthcare in Germany depends primarily on a scientifically-based and quality assured education for future doctors. This education provides the foundation required for a professional medical career in an environment characterised by rapid scientific advances, demographic change and an increasingly complex healthcare challenge. These challenges can only be met by doctors trained academically, who have developed competencies in special scientific skills during their studies in a broadly structured research environment (see also B.III). Only doctors qualified in this way are suitably equipped to make evidence-based decisions taking the necessary holistic view of the patients' situations into consideration. Learning scientific skills also enables doc-

|<sup>20</sup> The most recent assessments were as follows: *Wissenschaftsrat: Stellungnahme zur weiteren Entwicklung der Medizinischen Einrichtungen der Ruprecht-Karls-Universität Heidelberg in Mannheim (Drs. 3660-14)*, Berlin, January 2014; *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Hochschulsystems des Saarlandes – Stellungnahme zur Weiterentwicklung der Universitätsmedizin im Saarland (Drs. 3649M-14)*, Berlin, January 2014; *Wissenschaftsrat: Stellungnahme zur weiteren Entwicklung der Universitätsmedizin der Martin-Luther-Universität Halle-Wittenberg (Drs. 3258-13)*, Braunschweig, July 2013

|<sup>21</sup> *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit.; *Leitfaden der Konzeptprüfung*, loc. cit.; *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums (Recommendations on the development of medical education)*, loc. cit.

tors to participate in scientific advances throughout their entire professional career and implement them in day-to-day practice. |<sup>22</sup>

Due to its nature, the high standard of medical education required must be a university standard, in particular against the background of the highly demanding professional practice. In addition to this, a university standard is required for formal reasons, in particular due to the requirements of *ÄApprO* and the EU Directive on Recognition of Professional Qualifications. |<sup>23</sup> The Council views the following in particular as major characteristics of this university standard:

- \_ a close link between teaching, research and healthcare (see B.II);
- \_ a degree programme design suitable for the challenges of the medical profession, which is taught by lecturers with corresponding didactic and scientific qualifications and a lecturing load typical for universities (see B.III);
- \_ a structurally guaranteed research environment, appropriate to the subject culture of medicine with its significant internal differentiation (see B.IV);
- \_ sufficient freedom for academic duties and appropriate resources for teaching and research (see B.II)

and

- \_ a wide range of medical subjects and healthcare services in an appropriate ratio of maximum, fundamental and standard care at the cooperating hospitals, as required to educate medical students in accordance with the Licensing Regulations for Medical Doctors (see B.V.).

|<sup>22</sup> *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums* (Recommendations on the development of medical education), loc. cit., p. 13; see also similar recommendations on dentistry education in *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung der Zahnmedizin*, loc. cit., pp. 38-47.

|<sup>23</sup> Both the Licensing Regulations for Medical Doctors, fundamental for admission to the medical profession, (*ÄApprO* Section 1 Par. 2) and the EU Directive on Recognition of Professional Qualifications (EU Directive 2005/36/EC, Article 24) recommend this “university” standard. While there is no material concept and binding technical definition of “university” or “university-level” in Germany, there are certain formal and structural characteristics attributed to university, such as the right to award doctorates, see *Wissenschaftsrat: Empfehlungen zur Differenzierung der Hochschulen* (Recommendations on the differentiation of higher education institutions), loc. cit., pp. 34-36, lecturer qualifications and lecturing loads. This university standard implies that the educating institution has a corresponding research orientation and research performance, offers particularly research-oriented degree programmes, features a clear scientific profile, promotes young scientists based on a corresponding concept, possesses structurally-secured connections to neighbouring disciplines and offers sufficient differentiation within subject areas, which is reflected in an appropriate size and suitable personnel resources, both in quality and quantity – in particular in terms of professors – of the higher education institution and cooperating hospital(s) for research and teaching, see *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., pp. 40ff.

Doctors are educated in a close combination of teaching, research and medical care. Teaching and research play a particularly important role.

A key characteristic of university medical education is that it combines teaching, research and medical care institutionally and organisationally, though through different models. That establishes the main requirement for an education which combines practical and theoretical educational material from the start, and emphasises the importance and application of theoretical fundamentals for medical practice throughout the entire programme. |<sup>24</sup> Research and teaching play an extremely important role in this, and are also grounded in the scientific freedom guaranteed constitutionally. |<sup>25</sup>

The holistic nature of teaching, research and medical care is guaranteed in state medical education by a close institutional link and generally joint organisation of teaching and research at universities' medical faculties on one hand and medical care at the university hospital on the other; it is also assured based on state legislation incorporating the university hospitals, which also emphasises the importance of research and teaching in conjunction with medical care (see Annex 4).

Implementing similar constellations in the non-state sector is a challenge which will be difficult to overcome. Cooperation of the university with suitable clinical partners, with whom they can agree on common goals and the special significance of teaching and research and implement this in corresponding contracts and governance structures, will be particularly important. Above all, scope for academic activities, suitable financial and human resources of the professorial chairs and suitable regulatory provisions and contracts must ensure that the research and teaching activities of the academic staff are guaranteed, not only in the pre-clinical medical subjects, but also in clinical areas and at the cooperating hospitals. In addition to this, the faculty or higher education institution must be in a position to perform the research and teaching services defined in the cooperation agreement as part of clinical education. Moreover, the spatial and infrastructural conditions required for teaching and research must be available.

|<sup>24</sup> Cf. also *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums* (Recommendations on the development of medical education), loc. cit., pp. 32-35.

|<sup>25</sup> See also the corresponding recent decisions by the Federal Constitutional Court, most recently on Hannover Medical School, decision dated 24 June 2014 – 1 BvR 3217/07, which involved the inclusion of the scientists in all scientifically relevant decisions, even in the medical care sector which is inalienably linked to research and teaching, and in 2010 on the Hamburg Higher Education Act, decision dated 20 July 2010 – 1 BvR 748/06, concerning the internal relationship of the higher education bodies and rights of holders of scientific freedom to participate in decisions.

The outstanding importance of teaching and research in medical education is not only an obligation for the higher education institution, it also affects the cooperating hospital and must be supported through an appropriate deployment of resources, to be incorporated in an adequate and realistic costing. |<sup>26</sup> That also includes creating freedom for academic activities by reducing the load on researching and teaching chief physicians at the cooperating hospitals due to their medical obligations by providing additional medical staff. If the fees charged by the educational institution are not calculated to cover costs with a view to the special needs of teaching and research, further long-term sources of finance must be secured. |<sup>27</sup>

### B.III QUALIFIED TEACHING

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**Based on the current state of research, medical education teaches the competencies required to practice medicine (knowledge, skills and attitudes).**

In light of constantly increasing scientific findings and the growing complexity in healthcare, doctors must have the ability to find and implement evidence-based solutions specific to the medical problems of their patients. This requires a scientifically-based education, which is focused on enhancing scientific competencies, which integrates the pre-clinical subjects with the clinical (and clinical theory) subjects, and combines theory and practice to teach and develop the necessary knowledge, specific skills and abilities and a basic ethical attitude by the end of the programme. |<sup>28</sup> The programme comprises the range of subjects in accordance with *ÄApprO* both in the pre-clinical and clinical subjects. Vocational training and/or a degree programme at an exclusively teaching institution without structurally broad-based research and access to sufficiently differ-

|<sup>26</sup> Given the experience in the state sector, cost estimates which assume that educational programmes can be financed exclusively via student fees totalling just 50 to 70 thousand euros per place should be viewed critically. That applies in particular with regard to the resources required for research. In fact, it must be assumed that the actual costs of achieving the quality required is many times higher than these totals. The German Council of Science and Humanities formulated requirements for financing, though not for the specific case of medical education, in *Leitfaden der Institutionellen Akkreditierung*, loc. cit., pp. 38f. On specific requirements of higher education institutions which award doctorates, see *ibid.*, pp. 39-42.

|<sup>27</sup> On sustainable financing, cf. also the corresponding requirements for institutional accreditation, *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., pp. 38f.; the Council also demands that the higher education institutions take precautions to enable students to graduate from their programmes appropriately, even if their programme is closed down, see *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., p. 36.

|<sup>28</sup> *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums* (Recommendations on the development of medical education), loc. cit., pp. 38f. In these recommendations, the Council has come to the conclusion based on observation of model programmes, that given the increasing requirements of medical practice, a good medical programme is characterised by its focus on competencies, integrated and patient-focused curricula and is oriented on enhancing the scientific competencies and designed inter-professionally.



entiated medical care in high-performance medicine cannot teach the necessary medical skills.

Responsible medical practice as described requires education by motivated teaching staff, with appropriate qualifications, i.e. besides the general teaching qualifications, they must also have didactic competencies and research competencies. |<sup>29</sup> Teaching and research freedom for designated teaching staff guaranteed by regulatory and contractual arrangements is essential: Teaching based on the latest research requires in-house research projects. As ensuring this freedom for teaching and research is important, in particular also for clinical teaching staff, with their additional responsibility in medical care, the higher education institution or faculty must put in place corresponding regulatory opportunities to influence the framework conditions for clinical teaching staff, in order to guarantee that the necessary freedom for academic responsibilities is offered.

Appointment is a critical factor for attracting qualified and motivated teaching staff: All professors must be appointed in scientifically adequate, transparent procedures |<sup>30</sup> and must fulfil the teaching, research and medical care quality requirements generally applicable for university medical professors. As a result, automatic appointment of chief physicians at cooperating hospitals is ruled out.

All teaching is implemented under the responsibility of full-time professorial staff, both in the pre-clinical and clinical subjects. As the Council already generally noted in its *Leitfaden der Institutionellen Akkreditierung* (Guideline on institutional accreditation), at least half of the classes in the pre-clinical and clinical sections of medical education must be taught by professors themselves. |<sup>31</sup>

|<sup>29</sup> Cf. also *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., p. 35.

|<sup>30</sup> The Council formulated more detailed requirements for the appointment procedure, loc. cit., p. 27, footnote 42: "In general, the following fundamental principles are observed: science-driven denomination, public advertisement, assessment of formal criteria (e.g. church affiliation of applicants) by the appointment committee, performance evaluation by transparent and binding criteria, incorporation of an academic self-administration body, consultation of external scientific experts, professorial majority in the appointment committee, exclusion of representatives of the operator and the responsible body from the appointment committee, where the latter do not hold a legitimate function in the higher education institution administration, timely and regular information of the applicants on the status of the procedure. It must also be ensured that the operator or the responsible body of the planned higher education institution cannot reject proposed appointments for reasons which concern the scientific qualifications of the candidates. Use of appointment officers also serves to assure the quality of the appointment procedures. [...] Compliance with these fundamental principles also applies for appointment procedures in establishment phases of planned higher education institutions, whereby the involvement of an academic collegiate body is not required initially, and the professorial majority in the appointment committee can be fulfilled by involving full-time professors from other higher education institutions."

|<sup>31</sup> See *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., p. 33. "In every degree programme, in every academic year and at every location, at least 50% of classes are generally to be taught by full-time professors." Regarding the full-time status, the Council added: "Full-time status is achieved if at least 50% of the regularly weekly working hours or the average scope of the official duties of a full-time,

Besides these personnel requirements, structurally guaranteed freedoms must be ensured for the development, adaptation and advancement of the curriculum, and moreover a corresponding teaching concept is required for implementation.

#### **B.IV STRUCTURALLY BROAD-BASED RESEARCH**

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**Medical education takes place in an institution where broad-based research plays a lasting key role.**

Research is constitutive for medical education throughout the entire degree programme: |<sup>32</sup> Teaching the competencies necessary for practising medicine necessitates a scientific environment, research-based teaching and structurally rooted, nationally and internationally compatible research at the education institution.

The institution must have its own research concept, tailored for the subject culture and differentiation of medicine and involving the associated hospitals, with a corresponding research environment. Accordingly, the research concept of the education institution – i.e. including the associated hospitals – should be demonstrably designed to allow clinical research to be carried out in the medium term, which is characterised by fundamentally-oriented, disease-oriented and patient-oriented research per the relevant *DFG* definition. |<sup>33</sup> Accordingly, research must go beyond participation in clinical studies, for example, to reach university standards. This ensures that students get to know and can learn the full range of medical research.

permanently employed professor are fulfilled.” See *Leitfaden der Institutionellen Akkreditierung*, loc. cit., p. 32, footnote 50.

|<sup>32</sup> *Wissenschaftsrat: Empfehlungen zum Medizinstudium* (Recommendations on medical degree programmes), loc. cit., pp. 38ff. as well as *Wissenschaftsrat: Empfehlungen zur Zahnmedizin*, loc. cit., pp. 57f. Research is also a constitutive feature of university status, cf. *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., p. 36. “Research is a constitutive feature of university status. Research must be permanently and systematically embedded at institutions which aspire to institutional accreditation. The Council always evaluates the structural framework conditions and research output based on the institutional standards, the specific subject culture and the development stage of the higher education institution.”

|<sup>33</sup> Cf. *DFG: Klinische Forschung, Denkschrift*, Bonn 1999, p. 3: “These different but inalienable aspects of clinical research are: fundamental research, which focuses on increasing knowledge in biological systems (molecular biology, genetics, biochemistry, immunology, physiology etc.), which subsequently contributes to researching disease-relevant areas; disease-oriented research which attempts to use model systems, for example in animal experiments or in-vitro systems, and the methods of modern biology to give an insight into the pathophysiology and genetic causes of diseases, and investigates potential therapy measures. Disease-oriented research aims to understand the pathogenesis and treatment of diseases, but does not need direct contact with patients; patient-oriented research which is performed directly on and with patients or test persons. This includes in particular clinical studies in all phases, as well epidemiological and case control studies as well as much medical care research. Patient-oriented research requires direct contact between scientists and patients/test persons.” [own translation]

The structural safeguarding and broad-based rooting of research activities needs incentives and freedom for research as well as corresponding resources, in addition to this research concept and environment – both at the higher education institution and/or faculty, as well as at the cooperating hospitals: They must have sufficient personnel, financial, infrastructural and spatial resources, research freedom and research-friendly governance structures, which must be ensured via corresponding regulations and cooperation agreements.

Young scientists are very important in medicine; promoting them is a key issue. Therefore medical education institutions require a concept for promotion of young scientists: They must be given opportunities to perform independent scientific research during their degree programmes, ideally in the shape of a research project. |<sup>34</sup> In addition, in the medium term, options to choose a scientific career should be offered, with corresponding continuing professional development courses, such as the *clinician scientist* programme recommended by DFG, leading up to them. |<sup>35</sup>

The appointment procedures must meet the usual university standards with regard to the requirements of research work, to ensure the research quality of the professorial staff and that they are focused on research.

#### **B.V HIGH-LEVEL MEDICAL CARE**

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**A high level of medical care is constitutive for medical education, which takes the requirements of teaching and research into consideration both on an in-patient and out-patient basis.**

The combination of teaching, research and medical care required for medical education necessitates the combination of a higher education institution or faculty with suitable clinical partners, who attach great importance to teaching and research and provide medical care with the necessary quality and range. Students need access to outstanding medicine over the full range of medical subjects, and must be faced with all relevant diagnostic and therapeutic concepts during their student programmes. In order to ensure this, hospitals and possibly also teaching practices, which offer maximum medical care as well as basic and regular medical care must be integrated at an appropriate ra-

|<sup>34</sup> This was recently recommended by the Council, see *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung des Medizinstudiums* (Recommendations on the Development of Medical Education), loc. cit., p. 39.

|<sup>35</sup> Cf. also the recommendations of DFG: *Etablierung eines integrierten Forschungs- und Weiterbildungs-Programms für „Clinician Scientists“ parallel zur Facharztweiterbildung. Empfehlungen der Ständigen Senatskommission für Grundsatzfragen in der Klinischen Forschung der Deutschen Forschungsgemeinschaft*, Bonn, April 2015.

tio, so that students are given the necessary insights into the entire range of medical care including out-patient care and rare diseases. |<sup>36</sup>

A key difference between state and non-state medical education institutions is that the latter generally rely on a non-academic clinical partner, where the appropriate consideration of research and teaching needs cannot be taken for granted, but rather must be established and secured via various measures. Conflicts between economic interests of the hospital body and the requirements of medical education must be resolved. It is essential that the higher education institution and hospitals ensure that the structure and processes of medical care support the needs of research and teaching based on a common understanding of the great importance of research and teaching. This common goal should be reflected in corresponding governance structures, contracts, conflict regulating mechanisms and rules, and in appropriate financial, personal, infrastructural and spatial resources for research and teaching, in the hospital too. The faculty or higher education institution must be contractually ensured the necessary participation and assertion rights via pre-defined responsibilities in research and teaching in the clinical education section, as well as regulatory opportunities of influencing the clinical teaching staff.

The hospitals must combine the quality and range of medical care with extensive consideration of the needs of research and teaching and an active research environment in a manner similar to university hospitals. The medical care requirements necessary for medical education can also be fulfilled by cooperation with multiple clinical partners.

In order to integrate medical care into teaching as required, the higher education institution's cooperation with the clinical partner(s) must be characterised by geographic proximity or appropriate compensatory structures or measures.

|<sup>36</sup> The range of insights into medical care required for education is described in the *Nationaler Kompetenzbasierter Lernzielkatalog Medizin (NKLM - National Competence-Based Learning Outcome Catalogue for Medicine)* and the *Nationaler Kompetenzbasierter Lernzielkatalog Zahnmedizin (NKLZ - National Competence-Based Learning Outcome Catalogue for Dentistry)*, passed by the *Gesellschaft für Medizinische Ausbildung (GMA - Society for Medical Education)* and the *Medizinischer Fakultätentag (MFT - German Association of Medical Faculties)* together with representatives from specialist medical societies, self administration organisations, responsible ministries and authorities as well as scientific organisations and passed on 4 June 2015 by the members of *MFT*.

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# C. Quality assurance

## C.1 QUALITY ASSURANCE IN NON-STATE MEDICAL EDUCATION

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As already mentioned in Part A.I, different regulations apply for quality assurance of private medical education programmes under German law and cross-border programmes under European law. In addition to legal higher education regulations, the regulations for access to the medical profession play a key role in influencing quality assurance. |<sup>37</sup>

For private programmes under German law, the following applies: They are governed by the higher education laws of the respective Federal State, must be state-recognised and are generally subjected to a concept review and institutional accreditation by the German Council of Science and Humanities, which guarantees nationally uniform quality assurance. In addition to this, the responsible authorities of the respective state of domicile formally evaluate whether the degree programme fulfils the requirements needed for approval to practice medicine, and enables them to hold state examinations.

For cross-border programmes under European law offered in cooperation by a foreign higher education institution with a non-higher level institution, generally a domestic hospital or hospitals, the options of domestic quality assurance are restricted by European law and in particular the European Union's freedom of movement principle.

The qualifications offered in cross-border models under European law are recognised via the EU Directive on Recognition of Professional Qualifications, which governs professional recognition of regulated professions in the EU

|<sup>37</sup> In Germany, "doctor" and "dentist" are legally protected professional titles, which require a license. Licenses can be obtained in various ways: (1) A six-year medicine degree completed in accordance with German Law and the Licensing Regulations for Medical Doctors (*ÄApprO*) and/or a five and a half year dentistry degree programme completed in accordance with the Licensing Regulations for Dentists (*ZAppO*) entitle their holders to obtain a license; (2) a degree obtained in an EU member state, in Norway, Iceland, Liechtenstein or Switzerland automatically entitles its holder to a medical license in Germany per the automatic EU recognition, provided the quality requirements stipulated in the EU Directive on Recognition of Professional Qualifications (Directive 2005/36/EC) are fulfilled; (3) a degree obtained in a non-EU country whose equivalence has been verified by the licensing authorities in Germany can also result in a medical license in Germany.

without a content review by the host country. Quality assurance, e.g. in the form of accreditation of degree programmes, is primarily the responsibility of the national government that certifies the education. The member state which recognises the programme in question and licenses the doctors to practice medicine is responsible for reviewing compliance with the minimum requirements formulated in the EU Directive on Recognition of Professional Qualifications. |<sup>38</sup>

The individual Länder have different regulations with regard to European programmes, which range from a simple confirmation option to a notification option, a guarantee statement with information obligations up to an accreditation of the degree programme by a domestic accreditation agency (see Annex 3). |<sup>39</sup> The restricted opportunities of a domestic quality assurance of the European educational programmes are currently being debated critically. |<sup>40</sup>

## C.II RECOMMENDATIONS ON QUALITY ASSURANCE

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In the interest of guaranteeing a high quality level of medical care, which requires medical education at a university level, the Council sees a particular need to assess the quality of human medicine and dentistry education on a

|<sup>38</sup> Under the EU-Recognition Directive, Art. 50 Par. 3 of Directive 2005/36/EC, “in cases of justified doubt, where evidence of formal qualifications, as defined in Article 3(1)(c), has been issued by a competent authority in a Member State and includes training received in whole or in part in an establishment legally established in the territory of another Member State, the host Member State shall be entitled to verify with the competent body in the Member State of origin of the award: (a) whether the training course at the establishment which gave the training has been formally certified by the educational establishment based in the Member State of origin of the award; (b) whether the evidence of formal qualifications issued is the same as that which would have been awarded if the course had been followed entirely in the Member State of origin of the award; and (c) whether the evidence of formal qualifications confers the same professional rights in the territory of the Member State of origin of the award.” The *Bundesärzteordnung (BÄO – Federal Medical Code)* implements these stipulations of the EU Recognition Directive.

|<sup>39</sup> The question of domestic quality assurance options clearly depends on the legal model of the cross-border programme. In public debates, some of the programmes are referred to as “franchise models”, and some are considered subsidiaries. The Council is set to investigate franchise models of state and private higher education institutions in 2016, reviewing these models against recognised quality standards in degree programmes and teaching and with regard to university status standards, to derive recommendations for the future of franchising in the higher education sector.

|<sup>40</sup> As a result, doctors would no longer be educated in accordance with nationwide quality criteria, which would therefore lead to a reduction in standards. Regarding criticism of cross-border programmes, see among others: Press release by *Deutsche Hochschulmedizin e.V.* dated 3 July 2014: “*Private Ärzteausbildung: Ist wirklich keiner zuständig?*” (“Private medical education: Is no-one really responsible?”); Press releases by the *Medizinischer Fakultätentag (MFT – German Association of Medical Faculties)* dated 20 June 2014: “*Risiken und Nebenwirkungen der Ärzteausbildung*” (“Risks and side effects of medical education”) and “*Vertrauen ist gut, Kontrolle ist besser*” (“Trust is good, control is better”); Resolution of the *MFT* dated 19 June 2014: “*Zum „Medizinstudium 2020“ und zur Wissenschaftlichkeit der Ärzteausbildung*” (“On “Medical Degree Programmes 2020” and the scientific character of medical education”); *Statement of the Association of Medical Schools in Europe (AMSE)* dated 14 September 2014, *Berlin AMSE Consensus Paper: “Evolution of medical school systems across Europe: Are we at risk?”*.

uniform foundation based on uniform criteria. Quality assurance by domestic bodies is desirable, not least in the interests of students and patients.

#### II.1 Recommendations on quality assurance for private institutions of medical education under German law

Where private medical education programmes are established under German law, they should be obliged to undergo a concept review and institutional accreditation by the German Council of Science and Humanities. If such an obligation is not yet incorporated in the state legislation, the Council recommends that the Länder adapt their legislation accordingly.

For institutional accreditation and/or the preceding concept review, an establishment phase must be defined which comprises preparation for establishment of the higher education institution and/or faculty and the first years of programme operations. The establishment phase should generally be completed six years after starting programme operations for medical education institutions. |<sup>41</sup> By completion of the establishment phase at the latest, all requirements for medical education institutions presented in Part C must be met in full. However, by the time programme operations begin at the latest, research and teaching concepts must have been formulated, which map the pending establishment steps and the goals to be reached. Also when programme operations begin at the latest, the medical education institution must have didactically and scientifically qualified teaching staff which is capable of teaching at a university level (see B.III). As early as the establishment phase, the necessary principles of a scientifically-driven and transparent appointment procedure must be fulfilled for appointing personnel. |<sup>42</sup> As early as the establishment phase, the required level and necessary breadth of teaching must be ensured, for which suitable university partners will have to provide support via sponsorships, cooperations, teaching imports etc. A close network of the hospitals cooperating in education with existing university hospitals can be useful in the

|<sup>41</sup> On the establishment phase for private higher education institutions, see also *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., p. 11f. The Council laid out the necessary requirements for central assessment areas in the establishment phase in the *Leitfaden der Konzeptprüfung nichtstaatlicher Hochschulen in Gründung* (Guideline on assessing the concept of non-state higher education institutions in the establishment phase), see *Wissenschaftsrat: Leitfaden der Konzeptprüfung*, loc. cit.

|<sup>42</sup> They are explained in greater detail in *Wissenschaftsrat: Leitfaden der Konzeptprüfung*, loc. cit., p. 27, footnote 42; however, in the establishment phase, the necessary involvement of an academic collegiate body can be waived initially, and the necessary professorial majority in the appointment committee can be secured by involvement of full-time professors from other higher education institutions. However, temporary deputy occupancy of professorial chairs is conceivable as an instrument in the establishment phase, but only as a transitional arrangement: Accordingly, based on a transitional regulation, professors can perform research and teaching work for max. six years and then participate in a regular appointment procedure to take up a corresponding professorial chair. They hold the professorial chair provisionally in the establishment phase. The establishment phase can also be used to document relevant scientific experience and achievements.

establishment phase, to help achieve the required quality level in teaching and research in the cooperating hospitals also. On completion of the establishment phase at the latest, the cooperating hospital(s) must fulfil the requirements itself/themselves.

For the concept review and accreditation procedure by the Council, the institution must correspond to a higher education institution with a university standard, which provides the necessary framework for university benchmarks as is a prerequisite for medical education in accordance with *ÄApprO*. |<sup>43</sup> The higher education institution should also have an interest in enabling its students to obtain doctoral degrees. The right to grant doctorates is obtained in a defined framework, which the Council detailed in its guide for institutional accreditation. |<sup>44</sup> A recommendation of the Council on awarding the right to confer doctorates can generally not be given until after the establishment phase and three years after regular involvement in cooperative doctoral procedures – either as part of institutionally rooted doctoral programmes or individual cooperations of individual professors. |<sup>45</sup> Medical education institutions are also only temporarily granted the right to award doctoral degrees. The Council assumes that a higher education institution with the right to award doctorates fulfils the quality assurance requirements, as it formulated in 2011. |<sup>46</sup>

## II.2 Recommendations on quality assurance for cross-border medical education programmes under EU law

Like in other European countries, medical education in Germany is also characterised by the respective health system. The highly developed culture of resident doctors, including specialist doctors, is specific to the German system. This is not common in other countries, for example in the Netherlands or Great Britain: In these countries, virtually all specialist doctors practice exclusively at hospitals and are integrated in corresponding quality assurance sys-

|<sup>43</sup> In its recommendations for the development of medical degree programmes in Germany, the Council (loc. cit.) fundamentally recommended enhancing the scientific character of medical degree programmes which also includes producing a research paper during the degree programme. In doing so, it highlights the significance of research for medical education and as an integral part of it even before the doctoral phase. Similarly, the German Council of Science and Humanities already highlighted the need for dentistry programmes to have a scientific character in 2005, see *Wissenschaftsrat: Empfehlungen zur Weiterentwicklung der Zahnmedizin*, loc. cit., esp. pp. 38f.

|<sup>44</sup> *Wissenschaftsrat: Leitfaden der Institutionellen Akkreditierung*, loc. cit., pp. 13f. and pp. 39-42.

|<sup>45</sup> This is based on the recommendations of the Council on granting the right to award doctorates to non-state higher education institutions (Drs. 9279-09), Berlin 2009, p. 21, whereby due to the longer establishment phase required for medical education institutions with their longer programme duration, the application to grant the right to award doctorates can follow immediately.

|<sup>46</sup> *Wissenschaftsrat: Anforderungen an die Qualitätssicherung der Promotion* – Position Paper, Cologne 2011.



tems there. By contrast, the German health system allows doctors to work independently from an early stage and on a life-long basis. Accordingly, quality assurance of education and continuing professional development is all the more important. The Council speaks out expressly in favour of this.

For cross-border programmes under EU law, the Council urgently recommends that the Länder fully utilise their control and supervisory rights in a European law framework as a means of quality assurance in the interests of preserving a uniform standard of education. As a key element of uniform quality assurance, the Council also recommends institutional accreditation of cross-border medical education programmes in Germany by the Council. |<sup>47</sup> In the current European legal situation, this would be a voluntary quality assurance measure. It could give positively assessed providers a competitive advantage, contribute to standardising quality standards via competitive effects, and at the same time give students desirable transparency on the quality of the programme.

In addition to these voluntary measures, the Council calls on the national and state governments to work towards specific, Europe-wide uniform principles of quality assurance for cross-border degree programmes which are oriented on the necessary high quality standards of medical education. They should be oriented on the principles described in this paper and a university standard of medical education, as is the guiding standard in other European countries. The legal basis of this is the EU Directive on Recognition of Professional Qualifications, which requires an education at a university or under university supervision, and thus delivers a starting point for the development of specific university-level quality standards: The national government should work to define the requirements formulated in the EU Directive together with the European partners closer and specify them so that they allow for specific institutional and structural requirements for the educating institutions to be derived at a European level – including the hospitals involved. A criteria catalogue of this kind would secure a uniform high quality of education throughout Europe. |<sup>48</sup> The present position paper formulates key points for guaranteeing a university standard at an institutional and structural level; a Europe-wide uniform regulation should remain within these key points.

The Council is aware that changing directives at an EU level is a lengthy project with an uncertain outcome, especially as the directive in question was

|<sup>47</sup> HRK calls for an appraisal of franchise degree programmes by the Council and an institutional accreditation of new private medical higher education institutions; see *HRK: Franchising Models in Medicine and Medical Schools*, Resolution of the 18th General Meeting of the German Rector's Conference (HRK) on 12 May 2015, pp. 4 and 6.

|<sup>48</sup> The AMSE demands, supported by MFT, go in a similar direction: *Statement of the Association of Medical Schools in Europe (AMSE) dated 14 September 2014, Berlin AMSE Consensus Paper: "Evolution of medical school systems across Europe: Are we at risk?"*.

amended as recently as 2013. Even if it considers a corresponding amendment as the best way to define harmonised binding high standards for medical education in Europe, efforts at levels below the legal level should also be made. The medical higher education institutions and/or faculties in Europe should agree on harmonised standards in medical education and arrange to comply with them in a binding fashion. The process of coordination between the medical faculties at a European level would also mean that the faculties and universities in Europe would examine the respective national special features of medical education and identify best practices in international dialogue. The German medical faculties – represented by the *MFT* (Association of German Medical Faculties) – are called upon to initiate and influence a process of this kind; they should use their abilities in this context to appropriately promote university quality standards in medical education.

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## D. Outlook

In the present position paper, the Council formulated the main general principles for medical education and derived central requirements for non-state medical education and recommendations for quality assurance from these principles. It will continue to monitor the developments in non-state medical education and develop and gradually specify evaluation criteria based on further experience in an iterative process. The goal is for the Council to create a medicine-specific addendum to the Concept assessment guideline (*Leitfaden der Konzeptprüfung*) and Guideline on institutional accreditation of non-state higher education institutions (*Leitfaden der Institutionellen Akkreditierung nichtstaatlicher Hochschulen*).

In the key points presented, the particular aim is to assure the quality of non-state medical education. Within this guiding framework, the Council sees opportunities to develop the non-state sector. In this context, the Council emphasises that such forward-looking elements of medical education can be harnessed equally for the non-state and state sectors.

- \_ Accordingly, there is an opportunity to look at the need for reform in medical programmes and develop and test innovative programme concepts. They should be based on the recommendations of the Council for further development of medical degree programmes and could be characterised in particular by a close link between research and practice, compulsory research projects, excellent staff-student ratios or a proximity to education in healthcare professions – facilitating interprofessional education. |<sup>49</sup>
- \_ Selection procedures which evaluate suitability for medical education with less emphasis on the *Abitur* grades could also be established. For all cost models characterised by fees, it will be essential to use existing instruments such as retrospective fees, loans or scholarships to ensure that less financially well-off applicants can participate in medical degree programmes.

|<sup>49</sup> The Council already spoke out in favour of interprofessional education in *Empfehlungen zu hochschulischen Qualifikationen für das Gesundheitswesen*, Cologne 2012, pp. 92ff.

- \_ Specific incentive systems, didactic education and evaluation of teaching and teachers offer further approaches to improve the quality of teaching.
- \_ The Council sees further opportunities in an internationally focused education, which is characterised by the integration of international examinations, exchange programmes and an international perspective on different education and health systems.
- \_ The often smaller class sizes in the non-state sector offer important opportunities for a high degree of identification by students with the educational institution and an alumni structure which could be used for a long-term evaluation of educational success by means of a graduate destination survey.

The Council views the use of existing freedoms as an opportunity and an obligation for the non-state sector to make a positive contribution to the differentiation needed in the higher education landscape and for the forward-looking development of medical education.

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# Annexes

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## Annex 1: Overview table of private medical degree programmes in Germany under German law

	<b>Witten/Herdecke University</b>	<b>Medizinische Hochschule Brandenburg / Theodor Fontane</b>
<b>Responsible body</b>	The body responsible for Witten/Herdecke University is <i>Private Universität Witten/Herdecke gGmbH</i> in Witten.	<i>Medizinische Hochschule Brandenburg Campus gGmbH</i>
<b>Operators</b>	<ul style="list-style-type: none"> <li>_ <i>Software AG – Stiftung</i> , Darmstadt (53.45%),</li> <li>_ <i>Stiftung Private Universität Witten/Herdecke</i> , Witten (21.02%),</li> <li>_ <i>Initiative der Wirtschaft gGmbH</i> , Witten (10.94%),</li> <li>_ <i>Alumni Initiative UW/H e. V.</i> , Witten (2.66%),</li> <li>_ <i>Gemeinschaftskrankenhaus Herdecke GmbH</i> , Herdecke (4.86%),</li> <li>_ <i>StudierendenGesellschaft Witten/Herdecke e. V.</i> , Witten (3.95%),</li> <li>_ <i>Anthromed gGmbH</i> , Berlin (1.56%)</li> <li>_ <i>Wittener Institut für Familienunternehmen – Stiftung</i> , Witten (1.56%).</li> </ul>	<i>Medizinische Hochschule Brandenburg Campus gGmbH</i>
<b>Cooperating hospital(s)</b>	<ul style="list-style-type: none"> <li>_ <i>Helios Klinikum Wuppertal</i></li> <li>_ <i>Krankenhaus Köln-Merheim</i></li> <li>_ <i>Gemeinschaftskrankenhaus Herdecke</i></li> <li>_ <i>Marienhospital Witten</i></li> <li>_ <i>St. Marienhospital Hamm</i></li> <li>_ <i>Klinikum Königsfeld</i></li> <li>_ <i>Vestische Kinder- und Jugendklinik Datteln</i></li> <li>_ <i>Katholische Krankenhaus Hagen</i></li> <li>_ <i>Helios Klinikum Schwelm</i></li> <li>_ <i>Klinikum Dortmund gGmbH</i> (cooperation partner for the Dentistry, Oral Medicine and Orthodontics Department at UW/H)</li> </ul>	Higher education institution hospitals: <i>Campus Neuruppin Ruppiner Kliniken</i> , <i>Campus Brandenburg Städtisches Klinikum Brandenburg a.d.H.</i> , <i>Herzzentrum Bernau</i> and other cooperating hospitals/departments in Brandenburg
<b>Degree programmes</b>	<p><u>Human medicine and dentistry, oral medicine and orthodontics</u></p> <p>Also:            PhD programme in biomedicine (integrated in specialist medical education)            Double German and American qualification</p>	1) Human medicine 2) Psychology (B.sc.) 3) Clin. psychology and psychotherapy (M.sc.)
<b>Degree qualification</b>	State examination	1) State examination 2) Bachelor of Science 3) Master of Science
<b>Programme duration</b>	<p><u>Human medicine</u>: 5 years + practical year</p> <p><u>Dentistry, oral medicine and orthodontics</u>: 5 years and 6 months (including examination period for dentistry examination)</p>	1) 6 years and 3 months 2) 3 years 3) 2 years

	<b>Witten/Herdecke University</b>	<b>Medizinische Hochschule Brandenburg / Theodor Fontane</b>
<b>Number of first-semester students</b>	<u>Human medicine:</u> 42 per semester <u>Dentistry, oral medicine and orthodontics:</u> 40 per year	1) 48 2) 42 3) 42
<b>Applicants per college place</b>	<u>Human medicine:</u> 20-22 <u>Dentistry, oral medicine and orthodontics:</u> 10	1) 10 for human medicine 2) 2 for psychology (B.sc.) 3) 3 for psychology (M.sc.) - Forecast
<b>Programme fees</b>	<u>Human medicine:</u> € 48,120.00 (Fees are collected retroactively to avoid/reduce social selection: Alumni with higher incomes pay higher fees, while those with lower incomes pay lower fees; annual incomes below EUR 21,000.00 p.a. are exempt from repayment.)  <u>Dentistry, oral medicine and orthodontics:</u> € 65,100.00 (Fees are collected retroactively to avoid/reduce social selection: Alumni with higher incomes pay higher fees, while those with lower incomes pay lower fees; annual incomes below EUR 21,000.00 p.a. are exempt from repayment.)	1) Human medicine: € 115,000 2) Psychology (B.sc.): € 24,660 3) Clinical psychology and psychotherapy: € 16,440
<b>Number of professorial chairs</b>	<u>Human medicine:</u> a) In preclinical education: 19 b) In clinical education: 35  <u>Dentistry, oral medicine and orthodontics:</u> a) In preclinical education: 1 b) In clinical education: 6	Currently in first semester /excl. psychology a) In preclinical education: 2, increasing b) In clinical education: 20, increasing
<b>Number of scientific personnel</b>	<u>Human medicine:</u> _ 9 univ. professors (9 hours/week each) _ 48 research assistants at UW/H (4 hours/week each) _ 35 clin. professors and associate professors (2 hours/week each) _ 65 clinical staff with post-doctoral qualifications (2 hours/week each) Total: 167 *) <u>Dentistry, oral medicine and orthodontics:</u> _ 7 univ. professors (9 hours/week each) _ 30 research assistants at UW/H (4 hours/week each) _ 1 clin. professors (2 hours/week) Total: 38 *)	9 research assistants with 4 hours of classes each increasing

\*) As of 31/12/2014, ; excl. visiting lecturers and research assistants uninvolved or with little involvement in lecturing

Source: Data provided by the institutions as part of a survey by the German Council of Science and Humanities

**Annex 2: Overview table of medical degree programmes in Germany under EU law**

	<b>Paracelsus Medical University in Salzburg, Nuremberg Campus</b>	<b>University of Southampton / Kassel School of Medicine</b>	<b>Semmelweis Universität / Asklepios Medical School Hamburg</b>	<b>University of Pécs / Bielefeld Combined Degree</b>
<b>Responsible body</b>	Paracelsus Medical University	University of Southampton (U of S)	Medical Faculty of Semmelweis University	<i>Evangelisches Krankenhaus Bielefeld (EvKB) gGmbH</i>
<b>Operator</b>	The degree in Nuremberg is taught at a legally-dependent campus of the Paracelsus Medical University. Its responsible body is the Paracelsus Medical University Foundation. <i>Klinikum Nürnberg</i> and its wholly-owned subsidiary, <i>Medical School Nürnberg GmbH</i> , provide infrastructure support to PMU.	University of Southampton GMC regulated	Asklepios Kliniken Hamburg GmbH with the (non-profit) Asklepios Medical School GmbH <i>Ev. Johanneswerk e.V.</i>	<i>Evangelisches Krankenhaus Bielefeld (EvKB) gGmbH</i>
<b>University awarding the degree</b>	Paracelsus Medical University	University of Southampton	Semmelweis University	Medical Faculty of the University of Pécs (UPMF), Hungary (state university)
<b>Cooperating hospital(s)</b>	<i>Klinikum Nürnberg</i>	<i>Gesundheit Nordhessen Holding</i>	<i>Asklepios Kliniken Hamburg GmbH, Asklepios Kliniken Verwaltungsgesellschaft GmbH</i>	<i>Kliniken des Evangelischen Krankenhauses Bielefeld (EvKB) gGmbH</i>
<b>Degree programmes</b>	Human medicine	Human medicine (BMBS). The majority of Years 3-5 of undergraduate programme plus the foundation year	Human medicine	Human medicine, practical education
<b>Degree qualification</b>	<i>Diplom</i> (Dr. med. univ.)	BMBS and BMedSc	<i>Diplom</i> (Dr. med. univ.)	Doctor medicinae (Dr. med.)
<b>Programme duration</b>	5 years	5 years (half in Germany, half in UK) Foundation year in Kassel to gain full registration with the GMC	6 years (2 years in Budapest + 4 years in Hamburg)	Total degree programme: 12 semesters (incl. practical year)
<b>Language</b>	German (partially English)	English / German	German	At the Medical Faculty in Pécs: Full-time programme in Hungarian, English and German language / Practical education at EvKB: German



	Paracelsus Medical University in Salzburg, Nuremberg Campus	University of Southampton / School of Medicine	Kassel	Semmelweis Universität / Asklepios Medical School Hamburg	University of Pécs / Bielfeld Combined Degree
<b>Number of first-semester students</b>	a) For the degree programme in Germany b) For German students at the higher education institution awarding the degree  — 50 each (no quota)	Aim for 24 a year on BM(EU) German students can apply for the other programmes at U of S		a) for the medical education programme in Germany: 60/year  b) for medical students from Germany at the parent university: 240/year	UPMF: Every year, over 900 students apply to the University of Pécs for a place on a human medicine degree. From these applicants, the selection committee chooses 200 students to start studying at the Medical Faculty of the University of Pécs. UPMF / EvKB cooperation: The parties jointly define the maximum number of students participating in the programme for the corresponding academic year before the start of the academic year by 30 June. If the number of applicants exceeds the maximum number of places offered for the year in question, UPMF and EvKB jointly rank the prospective students based on their academic achievements. According to the contract between the Medical Faculty of the University of Pécs and EvKB, every year max. 20 students can participate in the practical part of the degree programme in the 9th and 10th semester, and in the practical year.
<b>Applicants per college place</b>	Approx. 10 to 1 (> 1000 applicants for a total of 100 places)	Still changing as early in life of programme but about 8:1	6-7 for Budapest 2-3 for Hamburg	For the 1st semester: Approx. 5 applicants per college place	
<b>Programme fees</b>	EUR 13,900/year x 5 = EUR 69,500	12.000 Euros/ year (60.000 Euros total)	For Hamburg: 60.000 EUR		2004/2005: EUR 5280/semester 2005/2006: EUR 5400/semester 2006/2007: EUR 5600/semester 2007/2008: EUR 5600/semester 2008/2009: EUR 5600/semester 2009/2010: EUR 5800/semester 2010/2011: EUR 5900/semester 2011/2012: EUR 5900/semester 2012/2013: EUR 6400/semester 2013/2014: EUR 6600/semester 2014/2015: EUR 6600/semester 2015/2016: EUR 6800/semester

**Annex 2: Overview table of medical degree programmes in Germany under EU law – continued**

Paracelsus Medical University in Salzburg, Nuremberg Campus	University of Southampton / Kassel School of Medicine	Sammelweis Universität / Asklepios Medical School Hamburg	University of Pécs / Bielefeld Combined Degree
<p><b>Number of professorial chairs</b></p> <p>a) In preclinical education: Preclinical education: 2 chairs at PMU and 9 chairs at <i>TH Nürnberg</i> and at least 10 chairs from the clinical area. The classic division of preclinical and clinical education is broken by clinical parts in theoretical classes and subjects like emergency medicine.</p> <p>b) In clinical training: Clinical education: Currently 23 clinical professorial chairs</p>	<p>The definition of Professor seems to be different in UK and German medicine. We run an integrated programme so there is no clear distinction between preclinical and clinical aspects of the course. In the Faculty of Medicine at Southampton there are 88 Professors, at GNH there are 16. 50 "Prof. Dr. med." (plus 20 "Dr. med. habil." / "PD"; 180 students)</p>	<p>a) for the pre-clinical programme section: 50 full professors and 50 associate professors ("Universitätsdozenten")</p> <p>b) for the clinical programme section: "Prof. Dr. med." (plus 20 "Dr. med. habil." / "PD"; 180 students)</p>	<p>a) Preclinical education: Total number of teaching staff: 473 Total number of professors: 69 Number of all teaching staff in the German-language programme: 180 Number of all professors in the German-language programme: 22</p> <p>b) Clinical education: Total number of teaching staff: 556 Total number of professors: 82 Number of all teaching staff in the German-language programme: 189 Number of all professors in the German-language programme: 38</p>
<p><b>Number of scientific personnel</b></p> <p>The Nuremberg Campus of the Paracelsus Medical University currently has 37 lecturers with post-doctoral qualifications, 26 of whom are university professors and 2 adjunct professors. *)</p>	<p>A range of clinical and scientific staff will be involved in delivering the programme.</p>	<p>ACH has no staff dedicated exclusively to scientific activity. On average, more than 350 Asklepios physicians lecture at ACH and teach practical courses in the clinics on an annual basis, with different individual teaching loads depending on their subject, their expertise and their availability.</p>	<p>The doctors participating in the practical education are determined jointly by UPMF and <i>EWB</i>. Doctors who fulfil the UPMF lecturers' requirement system and have the appropriate education, academic qualification and specialist experience, take part in the education. Number of professors: 11 Number of lecturers with post-doctoral qualifications: 6</p>

\*) In addition to this, there are over 100 lecturers with doctorates at Klinikum Nürnberg and the preclinical institutes, who are listed by name in the application to the accreditation authority. Further junior doctors, psychologists and scientists also teach in small classes. In addition to this, there are external lecturers bound to the Nuremberg Campus of PMU with a teaching contract. Nine of them are professors at *Technische Hochschule Nürnberg*, one is an adjunct professor at a state university. Until the beginning of clinical education, the personnel situation will continue to develop and the number of professors, lecturers with post-doctoral qualifications and teaching staff will increase considerably by the time the campus reaches its full expansion level in August 2018 with appointments and post-doctoral qualifications. As the teaching duties differ significantly in the individual subjects, the extent of teaching activities is very different and ranges from over 50% in the preclinical subjects, to a few hours a week in the clinical subjects. PMU pays the hospital for the clinicians' teaching activities, so that their absence in clinical operations can be compensated.

**Annex 3: Excerpts from the State Higher Education Acts on quality assurance for degree programmes under European law**

**Law on higher education institutions in Baden-Wuerttemberg**

**(State Higher Education Act – LHG dated 1 January 2005)**

**Section 72a Other institutions, Par. 1-3 and Par. 6**

(1) Subsidiaries of state or state-recognised higher education institutions from European Union member states shall be deemed state-recognised, where they offer their state-recognised education in Baden-Wuerttemberg, award their degrees recognised in their country of origin, this activity is in compliance with the legal regulations of the country of origin and quality assurance is guaranteed by the higher education institution of the state of origin. The Ministry of Science must be informed of the establishment of the subsidiary and expansion of its range of programmes at least six months before programme operations begin. Evidence of state approval by the state of origin and the scope of this approval must be provided with this notification. Clauses 1 to 3 apply accordingly for state or state-recognised higher education institutions from other Länder.

(2) Institutions which are not subsidiaries as defined in Paragraph 1, must notify the Ministry of Science of their activities six months before starting, if they provide education to prepare for a university examination based on cooperations with higher education institutions in accordance with Paragraph 1 or want to prepare for awarding a degree by a higher education institution in accordance with Paragraph 1 by holding examinations. This activity is permitted if

1. only programme applicants who fulfil the requirements for acceptance at a corresponding state higher education institution in Baden-Wuerttemberg are accepted,
2. the degree programmes of the institution offering the education are accredited with the involvement of an accreditation institution recognised the Accreditation Council and
3. control of the higher education institution awarding the higher education degree is guaranteed throughout the duration of the degree programme and the provision of the programmes and examinations is guaranteed.

On notification, evidence must be provided to the Ministry of Science that the conditions in accordance with Clause 2 are fulfilled. For expansions or major changes to the degree programmes after starting operations, Clauses 1 to 3 apply accordingly. Section 37 Paragraph 1 applies subject to the provision that besides the higher education institution awarding the degree, the institution at which the education is provided must also be specified.

(3) Foreign higher education institutions from non-European Union countries can be permitted to operate subsidiaries on application, if

1. they are state higher education institutions or if they are state-recognised in the state of origin,
2. they offer their recognised education in the state of origin,

3. they award recognised degrees in the state of origin,
4. this activity complies with the legal regulations of the state of origin,
5. it is ensured that only applicants are accepted who fulfil the requirements for acceptance to a corresponding state higher education institution,
6. the degree programmes of the subsidiary providing the education is accredited with the involvement of an accreditation institution recognised by the Accreditation Council and
7. quality assurance is guaranteed by the higher education institution of the state of origin.

Evidence of the requirements per numbers 1 to 7 must be provided to the Ministry of Science with the application for approval and on every expansion of the degree programmes. The approval can be granted on a provisional basis and be subjected to stipulations which serve to fulfil the requirements in accordance with Clause 1. The approval must be revoked if the requirements for approval have ceased to exist and this deficiency is not rectified in good time in spite of a request to do so. The approval must be withdrawn if the requirements for approval are not present when granted, and this deficiency is not rectified in good time in spite of a request to do so. Section 70 applies if there is no state approval by the state of origin. Providing education to prepare for a higher education examination or holding examinations to prepare for a degree awarded by a higher education institution in accordance with Clause 1 based on cooperations between higher education institutions in accordance with Clause 1 and domestic institutions, which are not subsidiaries in accordance with Clause 1 is not permitted.

[...]

(6) The responsible body and the directors of the subsidiaries in accordance with Paragraphs 1 and 3 and higher education institutions in accordance with Paragraph 2 are obliged to report to the Ministry of Science on their affairs annually or on request. The loss of state recognition by the state of origin or the country of origin, or changes in the extent of the state recognition must be reported to the Ministry of Science without delay.

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## **Bavarian Higher Education Act**

**(BayHSchG dated 23 May 2006)**

### **Section II, Art. 86 – Confirmation, approval**

(1) On application, the State Ministry can confirm the entitlement to offer higher education degree programmes and hold higher education examinations under the responsibility of a state higher education institution of another Federal State in the Federal Republic of Germany or a member state of the European Union or the European Economic Area and a state-recognised higher education institution there.

(2) Offering higher education programmes or holding higher education examinations under the responsibility of an institution which is listed in an agreement or undertaking of the Federal Republic of Germany with other countries on equivalence in the higher education sector, can be approved by the State Ministry on application, if

1. an education equivalent to the degree programme is offered at state higher education in-

stitutions in the Free State of Bavaria and

2. the applicants fulfil the requirements for acceptance to a corresponding state higher education institution.

(3) Degree programmes are offered and examinations are held in accordance with the legal requirements of the country of domicile; only degrees recognised in the country of domicile can be awarded. Art. 78 and Art. 85 Par. 1 Clause 1 and Par. 3 Clauses 1 and 2 apply accordingly.

### **Act on Higher Education Institutions in the State of Berlin**

**(Berlin Higher Education Act – *BerIHG* in the version dated 26 July 2011)**

#### **Section 124a Other institutions**

(1) State, state-recognised or state-approved higher education institutions of another country or another state of the Federal Republic of Germany may offer higher education degree programmes, hold higher education examinations and award higher education degrees under the law of the country of domicile and under the name of the higher education institution. Higher education institutions in accordance with Clause 1 are obliged to always name their country of domicile in addition to their name and legal form. If degree programmes are offered by higher education institutions in accordance with Clause 1 in cooperation with institutions that are not higher education institutions themselves, the persons acting for the institution in the course of operations must point out in all actions pertaining to these degree programmes, that the degree programmes are not offered by the institution.

(2) The senate administration responsible for higher education institutions must be notified of the start of activities in accordance with Paragraph 1. The senate administration responsible for higher education institutions can, in individual cases, demand of institutions in accordance with Paragraph 1 Clause 1 and the persons who act for them, to submit the institution's licence under the law of the country of domicile or accreditation certificates required under this law within an appropriate period.

### **Brandenburg Higher Education Act**

**(*BbgHG* dated 28 April 2014)**

#### **Section 83 Recognition, Paragraph 3 + 4**

(3) A state or state-recognised higher education institution from another member state of the European Union or from other Federal States in the Federal Republic of Germany may confer higher education qualifications under the law of its country of domicile under the name of the higher education institutions and award its degrees recognised in the state of origin, where they are recognised in the state of origin and quality control is guaranteed by the country of domicile. Higher education institutions in accordance with Clause 1 are obliged to always name their country of domicile in addition to their name and legal form. If degree pro-

grammes are offered by higher education institutions in accordance with Clause 1 in cooperation with an institution which is not a higher education institution (franchising), the institution is obliged to note in all business correspondence for all activities in relation to the degree programmes and when advertising the degree programmes that its institution is not a higher education institution itself and that it does not offer the degree programmes itself, and provide information about the name, legal form and country of domicile of the cooperating higher education. The loss of state recognition or changes in the scope of the state recognition must be reported to the superior state authority responsible for higher education institutions. No claims by students to higher education institutions in accordance with Clause 1 or institutions in accordance with Clause 3 against the State of Brandenburg for termination of their degree programme exist.

(4) The superior state authority responsible for higher education institutions must be notified of the start of activities in accordance with Paragraph 3 at least three months before programme operations begin. With this notification, the state recognition by the state of origin and the scope thereof must be documented, and quality control by the country of domicile must be confirmed. Institutions in accordance with Paragraph 3 Clause 3 must also provide evidence of the form the quality assurance takes with the notification.

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## **Bremen Higher Education Act**

**(BremHG, date of announcement: 21/10/2015, effective from: 01/05/2015)**

### **Section 112 Non-state higher education institutions, Par. 1, 2 and 5**

(1) The Senator for Education and Science recognises educational institutions which are separate legal entities, which are not state higher educational institutions in accordance with Section 1 or other laws, as part of the overall state higher education and scientific planning as higher education institutions, if it is guaranteed that

1. the higher education institution fulfils the duties in accordance with Section 4 Par. 1,
  2. the degree programme is oriented on the goals mentioned in Section 52,
  3. a comprehensive expert quality assessment is made, which is generally performed by an independent institution determined by the Senator for Education and Science as part of an accreditation process, and the required quality standards are maintained in the long term.
- That also applies for the degree programmes offered by the higher education institution.

The higher education institution must prove, via confirmation in an expert report or other suitable documents, that the economic viability of the institution is secured in the long term. The higher education institutions can have the degree programmes they offer accredited, applying Section 53 Par. 4 accordingly.

(2) Subsidiaries of overseas higher education institutions require approval from the Senator for Education, Science and Health; this is granted under the conditions in Paragraph 1. With regard to the subsidiaries of higher education institutions from European Union member states, the approval is granted in deviation from Paragraph 1 with the following stipulations:

1. Programmes must be offered which lead to higher education qualifications, in particular higher education degrees;
2. The higher education institution must be a state or a state-recognised higher education institution in its country of origin in accordance with the law of the respective country;
3. The higher education institution must be entitled to award higher education qualifications and degrees under the law of the country of origin;
4. The degree programme offered in Bremen and its qualification must be recognised like a qualification obtained in the country of origin.

[...]

(5) All awards, approvals and recognitions in accordance with paragraphs 1 to 4 are subject to application and submission of the documents and confirmations required for assessment. The decision by the Senator for Education and Science shall be made within three months of submission of all documents and confirmations in accordance with Clause 1.

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## **Hamburg Higher Education Act**

**(HmbHG, dated 18 July 2001)**

### **Section 117a Subsidiaries of foreign higher education institutions; Franchising, Par. 1+2**

(1) Higher education institutions domiciled in an other Federal State or in another European Union member state can establish subsidiaries in the territory of the Free Hanseatic City of Hamburg. The operation of the subsidiary, the degree programme, the examinations and the awarding of degrees are oriented on the law applicable at the domicile of the higher education institution; Sections 68 and 69 are not affected. The responsible authority must be notified of the start, cessation and major changes to degree programmes with at least three months' notice.

(2) Anyone who operates an institution, which is not a higher education institution, but offers degree programmes of a higher education institution or leads to qualifications of a higher education institutions (franchising) in the territory of the Free Hanseatic City of Hamburg, must notify the responsible authority at least three months in advance of starting, cessation and significant changes to degree programmes. They are obliged to mention when advertising the degree programmes which higher education institution holds the examination or awards the degree.

## **Higher Education Act of Hesse**

**(HSchulG HE dated 14 December 2009)**

### **Section 91 State Recognition, Par. 7**

(7) State or state-recognised higher education institutions from other European Union member states may be operated provided they operate their degree programmes recognised in their country of origin within the scope of this law, award their degrees recognised in their country of origin and this activity complies with the legal regulations of the country of origin. The existence of the conditions in accordance with Clause 1 must be proven to the Ministry and will be confirmed by it before operation starts. Clause 1 applies accordingly for state-recognised higher education institutions from other Federal States.

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## **Higher Education Act in the State of Mecklenburg-Western Pomerania**

**(LHG M-V in the version announced on 25 January 2011)**

### **Section 108 Recognition, Par. 3**

State higher education institutions from other European Union member states or state-recognised higher education institutes there can be operated provided they offer the education recognised in the country of origin within the scope of this law and award their degrees recognised in the country of origin. The requirements in accordance with Clause 1 are confirmed by the Ministry for Operation, Science and Culture before starting operations. Clauses 1 and 2 apply accordingly for state-recognised higher education institutions from other Federal States.

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## **Higher Education Act of Lower Saxony**

**(NHG dated 26 February 2007)**

### **Section 64 Recognition of Higher Education Institutions, Par. 2**

Subsidiaries of state or state-recognised higher education institutions from European Union member states shall be deemed state-recognised provided they confer higher education qualification of their state of origin and the quality of the degree programme is guaranteed in accordance with regulations applicable in the country of origin. The responsible ministry must be informed of the start of operations of the subsidiary and expansion of its range of programmes six months before programme operations begin.

### **Section 64a – Agreements on organisation of higher education**

Institutions which are not subsidiaries in accordance with Section 64 Par. 2, may only organise higher education based on an agreement with a foreign higher education institution, if

1. the foreign higher education institution is a state or state-recognised higher education institution under the law of the country of origin,
2. the quality of the degree programme is guaranteed in accordance with regulations appli-



cable in the country of origin of the foreign higher education institution and

3. the degree programme of the institution offering the higher education is accredited with the involvement of a domestic accreditation body.

The responsible ministry must be notified of the degree programme six months before starting operation. Evidence must be provided that the conditions in accordance with Clause 1 are fulfilled. Section 10 Paragraph 1 applies subject to the provision that besides the higher education institution awarding the degree, the institution at which the higher education is provided must also be specified. For expansions or major changes to the degree programmes after starting operations, Clauses 2 and 3 apply accordingly.

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## **Higher Education Act in the State of North Rhine-Westphalia**

### **(Higher Education Act – *HG NRW* dated 16 September 2014)**

#### **Section 75 Operation of higher education institutions; Subsidiaries of higher education institutions; Franchising with higher education institutions, Par. 2 + 3**

(2) In the scope of application of this act, subsidiaries of state higher education authorities, state-supported higher education institutions or state-recognised higher education institutions from European Union member states or from other Federal States of the Federal Republic of Germany may be operated, if

1. the subsidiary exclusively offers its degree programmes recognised, approved or legally offered in the state of origin,
2. the higher education institution of the subsidiary exclusively awards the higher education qualifications recognised, approved or legally awarded in its state of origin,
3. the higher education institution of the subsidiary is entitled under the law of the state of origin to award the higher education qualification even if the education underlying this award is provided in the subsidiary and
4. the quality control is guaranteed by the state of origin.

The ministry must be notified of the establishment of the subsidiary at least three months before operations of the degree programme start. Evidence of fulfilment of the conditions in accordance with Clause 1 must be provided with the notification; otherwise, the institution cannot be approved. If state recognition or an equivalent state act is required under the law of the state of origin, the loss of state recognition or this act or changes in the scope of state recognition or this act by the state of origin must be reported immediately. Clause 1 does not apply for state higher education institutions of the Federal State and higher education institutions in the responsibility of the Federal State.

(3) Education institutions can prepare for graduation or the award of a higher education qualification of a higher education institution (franchising) based on a cooperation with a state higher education institution, a state-supported higher education institution or state-recognised higher education institution from European Union member states or other states in the Federal Republic of Germany, if

1. the educational institution only accepts applicants who fulfil the requirements for admis-

sion to study at the cooperating higher education institution,

2. under the responsibility and control of the cooperating higher education institution, the quality and equivalence of the degree programme is guaranteed, the examinations are held, and the cooperating higher education institution awards its higher education qualifications recognised, approved or legally awarded in its state of origin and
3. the cooperating higher education institution is entitled to award higher education qualifications on the basis of the cooperation agreement in accordance with the law of the state of origin even if the education leading to the award is provided in North Rhine-Westphalia.

The proofs required must be submitted to the ministry at least three months before starting operation. A guarantee statement by the cooperating higher education institution must be enclosed with the application, stating that the conditions per Clause 1 are fulfilled. The educational institution shall inform persons participating in its programmes of the type, scope and extent of its educational services. The educational institution must not commence operations until the conditions pursuant to Clauses 1 and 2 have been confirmed by the ministry. Clause 1 does not apply for state higher education institutions of the Federal State and higher education institutions in the responsibility of the Federal State. For franchising with state-supported higher education institutions, Section 66 Paragraph 6 applies; for franchising with state colleges of art, Section 58 Paragraph 7 of the Colleges of Art Act (*KHG*) applies.

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## **Rhineland-Palatinate Higher Education Act**

**(*HochSchG* – Rhineland-Palatinate dated 19 November 2010)**

### **Section 117 Recognition, Par. 1+5**

(1) Non-state higher education institutions can be established and operated if they are state-recognised. Operation of a subsidiary of a foreign higher education institution, with the exception of foreign higher education institutions located within the scope of application of European Union Community legislation, requires approval by the ministry responsible for the area.

[...]

(5) The terms higher education institution, university or university of applied sciences, either alone or combined with other words or in corresponding translation into other languages, must only be used by state higher education institutions, state-recognised higher education institutions, higher education institutions in the scope of application of European Union Community legislation or subsidiaries of other foreign higher education institutions, whose operation has been approved by the ministry responsible for the area. Otherwise, use of the term must be prohibited by the ministry responsible for the area.

**(Saxon Freedom of Higher Education Institutions Act – *SächsHSFG* in the version announced on 15 January 2013)**

**Section 106 Requirements for recognition of higher education institutions, Par. 5**

Subsidiaries from other Federal States or European Union member states may be operated provided they offer their education recognised in another Federal State or in their country of origin in the scope of application of this law and award their degrees recognised in their country of origin. The higher education institution shall provide the proofs required for this. The subsidiary requires the approval of the State Ministry for Science and the Arts to start operations.

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**Higher Education Act of the State of Saxony-Anhalt**

**(*HSG LSA* in the version announced on 14 December 2010)**

**Section 105 Recognition, Par. 3+4**

(3) Subsidiaries of recognised higher education institutions from European Union member states shall be deemed state-recognised. This does not result in any claim to funding. The higher education institutions must notify the ministry of the recognition from the respective member states before opening the subsidiary. The ministry may define stipulations. The higher education institutions must inform the ministry should they lose their recognition in their respective countries of domicile. The students at these subsidiaries have no claims against the State of Saxony-Anhalt for termination of their degree programme. Section 106, Paragraph 6 and Section 107 shall apply accordingly.

(4) On application, foreign educational institutions may be permitted to offer higher education programmes and hold higher education examinations if

1. an education equivalent to the degree programmes at state higher education institutions is offered, whereby the ministry can demand that the fulfilment of this requirement is documented as part of an accreditation procedure,
2. applicants fulfil the requirements for acceptance to a corresponding state higher education institution,
3. the degree programmes and examinations are offered under the responsibility of an institution which is entitled in accordance with the legal regulations of the country of domicile of the foreign educational institution and the degree programmes on offer to award a degree or title approved for bearing in accordance with the regulations on bearing foreign higher education degrees.

## **Law on Higher Education Institutions and the University Hospital of Schleswig-Holstein**

**(Higher Education Act – HSG dated 28 February 2007)**

### **Section 80 – Subsidiaries of external higher education institutions**

State or state-recognised higher education institutions from European Union member states or other Federal States from the Federal Republic of Germany, which operate subsidiaries in the scope of application of this act must notify the ministry of the commencement of programme operations and document that their degree programmes offered in the scope of application of this act, including the personnel and material resources, are recognised by the state of origin and the quality assurance measures demanded by the state of origin are complied with.

Note: Higher education acts not listed here do not contain any corresponding regulations on quality assurance for degree programmes under European law and/or in franchise or subsidiary models.

**Law on the University Hospitals in Freiburg, Heidelberg, Tübingen and Ulm**

**(University Hospitals Act – UKG in the version dated 15 September 2005)**

**Section 4 Duties, Par. 1**

The University Hospital fulfils the duties in medical care, education, continuing professional development and advanced training of personnel previously fulfilled by the university, as well as the responsibilities in public medical care. In close cooperation with the university, it guarantees the link between medical care and research and teaching. The fulfilment of these responsibilities is the duty of the university clinic as its own sovereign task. It guarantees the freedom of research and teaching granted to the university and ensures that the members of the university can exercise the fundamental rights established by Article 5 Par. 3 Clause 1 of the Constitution and freedoms in accordance with Section 3 Par. 2 to 4 of the State Higher Education Act (*LHG*).

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**Law on University Hospitals in the Free State of Bavaria**

**(Bavarian University Hospital Act – *BayUniKlinG* dated 23 May 2006)**

**Article 2, Duties, Par. 1**

The hospital is assigned to the university; it serves to provide university research and teaching and scientific progress, and performs medical care duties on this basis. It promotes the continuing professional development of its personnel. The hospital bears a special responsibility for an economic use of the resources available to it. The hospital must ensure that the members of the university active in the hospital can exercise the fundamental rights guaranteed by Art. 5 Par. 3 of the German Constitution and Art. 108 of the State Constitution and the freedoms under Art. 3 of the Bavarian Higher Education Act (*BayHSchG*).

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**Berlin University Medicine Act**

**(*HSchulMedG BE* dated 5 December 2005)**

**Section 2 Duties, Objectives, Par. 1**

The Charité consists of the "Charité Medical Faculty – Berlin University Medicine" and the "Charité University Hospital – Berlin University Medicine". The medical faculty comprises all facilities of the Charité which deal with the academic duties of human medicine and dentistry in research and teaching. The university hospital comprises all facilities of the joint corporation directly or indirectly involved in medical care or the facilities required for this. It supports the medical faculty in fulfilling its duties in research and teaching and performs duties in medical care. It ensures that the fundamental rights established by Article 5 Par. 3 Clause 1 of the Constitution can be exercised.

## **Act Establishing the Corporation "University Hospital Hamburg-Eppendorf" (UKE)**

**(UKEG dated 12 September 2001)**

### **Section 2 Duties, Par. 1**

*UKE* fulfils its duties in medical science and medical care through interaction of the medical faculty and hospital and in cooperation with medical institutions in the region. The medical faculty performs the duties of teaching, organising degree programmes, research and continuing professional development in the medical specialist disciplines and medically-related fundamental science, and also serves to advance medicine by participating in medical care. The hospital provides medical care and other hospital services in accordance with the provisions on compulsory health insurance and helps the medical faculty fulfil its duties. In addition to this, UKE can also work as part of the development of the health sector by providing services and performances in kind, and take other measures related to the purposes of the medical faculty or the hospital or operate corresponding institutions for this purpose. This can be specified in the Articles of Association.

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## **Act for University Hospitals in Hesse**

**(UniKlinG dated 26 June 2000)**

### **Section 5, Duties of the university hospital, Par. 1**

The university hospital supports the medical faculty in fulfilling these duties in research and teaching. These duties will be implemented in close cooperation with the medical faculty. The university hospital guarantees the freedom of research and teaching granted to the university and ensures that the members of the university can exercise the fundamental rights established by Art. 5 Par. 3 Clause 1 of the National Constitution and freedoms guaranteed in accordance with Article 10 in the Constitution of the State of Hesse. The fulfilment of the above duties is subject of the agreement to be made in accordance with Section 15.

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## **Higher Education Act in the State of Mecklenburg-Western Pomerania**

**(LHG M-V in the version announced on 25 January 2011)**

### **Section 97, Duties of university medicine, Par. 1 and 2**

(1) As part of the university, and in conjunction with the other faculties, university medicine fulfils duties of the faculty of medicine in research and teaching.

(2) University medicine serves to maintain and develop science through research, teaching and study as well as continuing professional development, including educating students in the medical faculty and fulfils duties in medical care, high performance medicine and other duties in the public healthcare system. It is also responsible for the education, continuing professional development and advanced training of doctors, dentists, other scientific employees and members of non-medical health professions and technical professions. University medicine ensures that the scientific personnel that works there can fulfil their duties in their freedoms guaranteed by Article 5 Paragraph 3 Clause 1 of the Constitution of the Federal Republic of Germany, by Article 7 Paragraph 1 of the Constitution of the State of Meck-

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**Higher Education Act of Lower Saxony****(NHG dated 26 February 2007)****Section 63i, Medical Faculty of the University of Oldenburg, Par. 1**

The University of Oldenburg concludes agreements with bodies of particularly qualified hospitals on cooperation of hospitals in the duties to be fulfilled by the medical faculty of the University of Oldenburg. The agreements must ensure that the higher education institution and its organisational units, affiliates and members have the right to scientific freedom, the rights under this law and the rights in accordance with the fundamental order. The agreements require the approval of the responsible ministry.

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**Higher Education Act in the State of North Rhine-Westphalia****(Higher Education Act – HG NRW dated 16 September 2014)****Section 31a, University Hospital, Par. 1**

The university hospital supports the medical faculty in fulfilling its duties in research and teaching. It performs duties in medical care including high performance medicine and in the public healthcare system. It guarantees a connection between medical care and research and teaching. It serves to provide continuous medical professional development and advanced training, and education, continuous professional development and advanced training to personnel. It ensures that the members of the university can exercise the rights guaranteed to them by Article 5 Paragraph 3 Clause 1 of the German Constitution and the Higher Education Act.

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**State law on the establishment of university medicine at Johannes Gutenberg University of Mainz****(University Medicine Act – UMG dated 10 September 2008)****Section 2, Duties and Objectives, Par. 1**

With the medical faculty, university medicine performs its duties in medical research and teaching at the university. Where it fulfils scientific medical duties in research and teaching, university medicine is deemed a faculty of the university. The duties to be performed in medical care must be based on the requirements for fulfilling duties in research and teaching, as well as on the duty of care of university medicine and the goal of state-of-the-art university medicine. Objectives for fulfilment of duties include:

1. promotion of scientific excellence and international competitiveness in research and teaching, in particular by strengthening the link between fundamental research and clinical medicine, by forming research centres and cooperations and ensuring medical education in conjunction with other institutions,
2. intensification of scientific cooperations with other areas of the university,

3. optimisation of the structures to break down subject barriers between clinical and pre-clinical areas,
  4. promotion of young scientists by facilitating transfers between clinical work, teaching work and research work,
  5. assuring state-of-the-art medical care and
  6. improving the commercial efficiency.
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### **Law on the University Hospital of Saarland**

**(UKSG dated 26 November 2003)**

#### **Section 5, Duties of the university hospital, Par. 1**

The university hospital assists the medical faculty of the University of Saarland in fulfilling its duties in research and teaching. These duties will be implemented in close cooperation with the medical faculty. The university hospital guarantees the freedom of research and teaching granted to the university and ensures that the members of the university can exercise the fundamental rights established by Art. 5 Par. 3 Clause 1 of the National Constitution and freedoms described in Section 3 Paragraph 2 to 4 of the University Act.

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### **Law on Leipzig University Hospital at the University of Leipzig and the Carl Gustav Carus University Hospital in Dresden at Dresden University of Technology**

**(University Hospital Act – UKG dated 06 May 1999)**

#### **Section 2, Duties, Par. 1**

The University Hospital fulfils the duties in medical care, education, continuing professional development and advanced training of personnel previously fulfilled by the university, as well as the responsibilities in public healthcare. Accordingly, it is responsible for medical care. In close cooperation with the university and its medical faculty, it guarantees the link between medical care and research and teaching. It maintains the freedom of research and teaching granted to the university and ensures that the members of the university can exercise the fundamental rights guaranteed by Article 5 Par. 3 Clause 1 of the German Constitution and Article 21 of the Constitution of the Free State of Saxony and the freedoms in accordance with Section 4 of the Freedom in Higher Education in the Free State of Saxony Act (Saxon Higher Education Freedom Act – *SächsHSFG*) dated 10 December 2008 (*SächsGVBl.* p. 900), most recently amended by Article 1 of the Act dated 18 October 2012 (*SächsGVBl.* p. 568) in the currently valid version.



**(HMG LSA dated 12 August 2005)**

**Section 8 Duties, Par. 1**

The university hospitals help the universities to which they are affiliated in accordance with Section 7 Par. 1 to fulfil their duties in medical research and teaching. The university hospitals ensure that the members of the universities can exercise the fundamental rights established by Article 10 Par. 3 of the Constitution of the State of Saxony-Anhalt and the fundamental rights established by Article 5 Par. 3 Clause 1 of the German Constitution, as well as the freedoms described in Section 4 Par. 3 to 5 of the Higher Education Act of the State of Saxony-Anhalt.

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**Law on Higher Education Institutions and the University Hospital of Schleswig-Holstein**

**(Higher Education Act – HSG dated 28 February 2007)**

**Section 83 Duties, Par. 1**

The hospital is responsible for medical care which serves the purposes of research and teaching, as well as the other duties entrusted to it in the area of public healthcare. It is involved in medical continuing professional development and advanced training and education as well as continuing professional development and advanced training of members of other professions in healthcare.

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**Higher Education Act of Thuringia**

**(ThürHG dated 21 December 2006)**

**Section 91 Jena University Hospital – Status, membership, supervision and duties, Par. 2**

Jena University Hospital is responsible for maintaining science in research and teaching including educating students; it performs duties in medical care on this basis. It is also responsible for the education, continuing professional development and advanced training of doctors, dentists, other scientific employees and members of non-medical health professions and technical professions. Applying Section 12 accordingly, it concludes target and performance agreements with the ministry. They must be aligned with the target and performance agreements of Friedrich Schiller University Jena, by consulting with the executive committee in matters pertaining to research and teaching.

Note: Higher education acts not listed here do not contain corresponding statements on the status of medical care in university medicine.

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