

The Academisation and Europeanisation of Midwifery Training in Germany, Austria and Switzerland

Tim Migura

Abstract *The overall aim of the study is to examine the influence of EU steering instruments on national VET structures. Using the example of midwifery training it is to be determined whether and to what extent Directive 2005/36/EC leads to an increased academisation of VET systems. A comparative analysis is made of the extent to which the countries of Germany, Austria and Switzerland have adapted their legal requirements for midwifery training to the demand of the EU Directive over the periods 2002 and 2022. Neo-institutionalism serves as the theoretical framework. With regard to midwifery training the results suggest convergences between the countries Germany, Austria and Switzerland on the one hand and convergences between the region of Germany, Austria and Switzerland and the EU Directive 2005/36/EC on the other hand. In addition to the purely formal requirements Directive 2005/36/EC also conveys institutional myths because although the Directive does not explicitly call for the academisation of midwifery training this will be academised in the countries of Germany, Austria, and Switzerland by 2022.*

Title *The Academisation and Europeanisation of Midwifery Training in Germany, Austria and Switzerland*

Keywords *midwifery, europeanisation, academisation, European Union, legislation*

1 Introduction

Midwifery training in Germany is facing a transition phase. Until 2023 midwifery training was structurally located primarily at vocational schools (Plappert, Graf, Simoes, Schönhardt & Abele, 2019, pp. 854–855). However, this is changing as midwifery training in Germany will be fully academised by 2023. This means it will only be offered at

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academic higher education institutions and initially in the form of bachelor's degree programs. According to the German government the keystone for this was laid by EU Directive 2005/36/EC after amendment by Directive 2013/55/EU which sets uniform minimum standards in midwifery training in all countries of the European Union (EU), the European Economic Area (EEA), and Switzerland in order to enable automatic recognition of professional qualifications between these countries (Deutscher Bundestag, 2018, p. 9).

However, this form of Europeanisation is not without criticism. The German Medical Association (2019, p. 3), as an example, fears that the academisation of midwives will lead to dwindling areas of action that were previously the sole preserve of physicians. The German Midwives Association (2019, pp. 4–6) welcomes the decision and emphasises an improved attractiveness of the training and a more autonomous position of midwives in the professional field of action on the other hand.

From the perspective of the vocational and business education the overarching goal is to highlight the influence that EU legal norms have on the design of the training structures of the member states. The relevance is illustrated by the fact that both the import of promising policy programs in Western states (Schneider & Janning, 2006, p. 220) and the indirect influence of the EU on actually sovereignty-preserved policy areas of the member states have increased (Bohlinger, 2014, pp. 18–19). In order to be able to understand to what extent this applies to vocational training the implementation of Directive 2005/36/EC in relation to midwifery training is presented as an exemplary case.

Furthermore, the aim of the paper is to consider the motivations of the academisation of the midwifery profession as the German government attributes the change from vocational schools to university-level institutions to Directive 2005/36/EC although its wording does not call for academisation (Deutscher Bundestag, 2018, p. 9). Thus, it is obvious that beyond the formal requirements of the directive there are influences and motives that determine a full academisation of midwifery education. For this reason, the following question will be addressed in this article: To what extent has the EU Directive 2005/36/EC led to an academisation of midwifery training in Germany, Austria and Switzerland?

First, the legal and theoretical background is presented (section 2). This is followed by comments on the methodology (section 3) and descriptions of the training structures in Germany, Austria and Switzerland (section 4). These results are then summarised and discussed in section 5. The paper closes with a conclusion (section 6).

2 Background

Directive 2005/36/EC of the European Parliament and of the Council on the recognition of professional qualifications was adopted on 07.09.2005 and entered into force on 20.10.2005 (Stumpf, 2006, p. 104). 2005/36/EC applies in all countries of the EU, the EEA and Switzerland as well as guarantees the free movement of workers and regulates their freedom to provide services and freedom of establishment within the EU (Art. 1–2, 2005/36/EC in the version of 07.09.2005; Igl, 2020, p. 342). This directive was amended on 20.11.2013 by Directive 2013/55/EU. Within the scope of this amendment special at-

tention was paid to the health care professions which include for example physicians, pharmacists and nurses as well as midwives (Igl & Ludwig, 2014, pp. 214–215).

For Germany, this resulted in the need to amend the previously applicable Midwifery Act (HebG[G]) of 1987 including midwifery training through the Midwifery Reform Act (HebRefG) as it no longer met the minimum requirements (Igl, 2020, p. 342). In this sense, in Germany the introduction of the new midwifery law based on Directive 2005/36/EC after amendment by 2013/55/EU is associated with a presumably obvious academisation of midwifery education although this does not formally appear in the Directive (Bovermann, 2020, p. 124; Graf et al., 2020, pp. 1008–1009; Igl, 2020, p. 342). Nevertheless, indications can be isolated that speak for a preference of the university-based training location for midwifery training. These include the stronger focus on science work in training mentioned in the guideline and an increase in the entry requirements from ten general education school years to twelve school years at a general education school as an example (Igl, 2020, p. 344). Also, a possible representation of educational records through the ECTS gives an indication that higher education is the focus of consideration.

In the course of academisation developments in the EU publications have emerged that surveyed the educational structures of midwifery education (e.g. Ordre des sages-femmes, 2010; Luyben, Wijnen, Oblasser, Perrenoud & Gross, 2013; Vermeulen et al., 2019). A study by Vermeulen et al. (2019) examined the degrees by which midwives complete their education in their respective countries. In 19 countries in the European region midwifery training concluded with a bachelor's degree (as of 2019: e.g. Austria, Belgium, Switzerland; Vermeulen et al., 2019, p. 4). Seven countries in the European area required a master's degree for completed midwifery training (as of 2019: e.g. France, Norway, Spain; Vermeulen et al., 2019, p. 4). Furthermore, in Europe there were four countries in which the majority of midwifery education graduated with a diploma (as of 2019: Croatia, Estonia, Luxembourg, Germany; Vermeulen et al., 2019, p. 4). These data provide initial indications that although the first unified structures within the EU can be seen by 2019 it is not yet possible to speak of an EU-wide unified training structure due to the heterogeneity of training structures that continues to stand out.

2.1 Legal context

EU directives are addressed exclusively to the member states and must be implemented by them in their national law within a specified period (Ruffert, Grischek & Schramm, 2020, p. 415). The member states have a certain amount of flexibility in terms of the form and means of implementation so that national needs and unique characteristics can be taken into account in the implementation. Therefore, the Directive is considered a more sovereignty-friendly instrument of Union law (Ruffert, Grischek & Schramm, 2020, p. 415). However, when it comes to implementation, the requirement of effective implementation applies according to which states must choose a remedy that ensures the practical effectiveness of the law (Ruffert, Grischek & Schramm, 2020, p. 415; Lorenzen, 2021, p. 747).

Since the boundaries of vocational education and training cannot always be clearly distinguished from the occupational field and it is embedded in economic and cultural contexts (Baethge, 2006, pp. 27–28) the EU has the opportunity to influence or even indi-

rectly steer the policy field of vocational education and training which actually falls under the sovereignty of the EU member states (Bohlinger, 2014, pp. 18–19). Baethge (2006, p. 27) emphasizes that the national, economic and cultural embedding of vocational education and training is a major factor hindering EU-wide harmonisation which is why the Europeanisation of vocational education and training must be viewed critically.

The member states have the possibility to adapt a guideline within the framework of the national structures but if this does not correspond to the cultural, political or economic basic structures there is the risk that the EU member states get into the dilemma of preserving the national identity and sovereignty on the one hand, but, on the other hand to meet the guidelines of the EU. In this respect, a deconstruction of national structures due to structural reforms on the part of the EU are occasionally evaluated negatively (Münk, 2010, pp. 190–191).

Directive 2005/36/EC guarantees the free movement of workers and regulates their freedom to provide services and freedom of establishment within the EU (Art. 1–2, 2005/36/EC in the version of 07.09.2005; Igl, 2020, p. 342). The decisions of the Lisbon Strategy are used as a basis so that the directive should make the EU more economically competitive (justification 2, 2005/36/EC in the version of 07.09.2005). Employees are to be given the opportunity to pursue an independent or dependent occupation in any EU country through EU-wide recognition of their professional qualifications provided that the activities are comparable (Art. 1, Art. 4, II, 2005/36/EC in the version of 07.09.2005). However, within the framework of this directive the regulations only apply to regulated professions (e.g. pharmacists, architects, midwives; cf. Stumpf, 2006, pp. 104–105; Deutscher Bundestag, 2019, pp. 4–15). The recognition of the foreign professional qualification has the implication that employees are permitted to practice the profession abroad under the same conditions as those who have acquired the professional qualification in the country of destination (cf. Art. 13, I, 2005/36/EC in the version of 07.09.2005).

On 20.11.2013 the EU Directive 2013/55/EU was issued. This amends the basic Directive 2005/36/EC (Igl & Ludwig, 2014, p. 214). The changes in Directive 2013/55/EU mainly concern the minimum requirements and entry requirements for midwifery training. The member states have been instructed to transpose these amendments into national law by 18.01.2020 (cf. Art. 3, II, 2013/55/EU).

Concerning the profession of midwifery, the Directive defines training standards according to which the training of midwives in the addressed countries should be designed. A qualification as a midwife can be obtained on the one hand by a basic three-year training after a twelve-year general school education and on the other hand by a further qualification of at least 18 months following a training as a nurse.

In order for these qualifications to be automatically recognised within the EU further criteria must be met which, at the structural level, relate primarily to the duration of training and the theory-practice ratio. This results in three training options for automatic recognition since previously qualified nurses with at least one year of relevant professional experience only need to have 18 months of midwifery training. For nurses without relevant work experience two years of midwifery training are required (cf. Table 1).

Table 1: Training options for automatic recognition in relation to 2005/36/EC (cf. Art. 40, I-II, Art. 41, 2005/36/EC in the version of 07.09.2005)

Option	Criteria	Guidance of the Directive 2005/36/EC from 10.12.2021
I	Type	Full-time
	Duration of training	At least 3 years with 4.600 h
	Theory-practice ratio	Theory and practice are required with a minimum of 1.533 hours of practice
	Access requirements	12 years of general school education
II	Type	Full-time
	Duration of training	At least 2 years with 3.600 h
	Theory-practice ratio	Not specified
	Access requirements	Qualification as a nurse in accordance with Annex 5.2.2 of Directive 2005/36/EC
III	Type	Full-time
	Duration of training	At least 18 months with 3.000 h
	Theory-practice ratio	Not specified
	Access requirements	Qualification as a nurse in accordance with Annex 5.2.2 of Directive 2005/36/EC and one year of relevant professional experience

2.2 Theoretical Framework

The theoretical framework for the study is the organisational neo-institutionalism. Representatives of neo-institutionalism assume that institution-based organisational patterns do not emerge for reasons of pure efficiency (Meyer & Rowan, 1977, pp. 352–355; Senge, 2011, pp. 117–118). Rather, contrary to the principles of purely functional organisational theories, organisations gain their legitimacy by adopting and reflecting normative, traditional, and socially expected organisational patterns (Meyer & Rowan, 1977, p. 349). As soon as organisations do not conform to these expected patterns, they risk being denied support or resources (Meyer & Rowan, 1977, pp. 352–353; Sandhu, 2012, p. 76). These societal expectations of organisational systems emanate from superior institutions which are, thus, able to shape subordinate organisational structures (Koch & Schemmann, 2009b, p. 7; Sandhu, 2012, pp. 75–76). Accordingly, institutions are constructs that contain established norms and convey them through institutionalised rules (Koch, 2009, p. 111). Institutions are flexible constructs that can take many manifestations. They are superordinate patterns in which social actors such as individuals, organisations, companies, or countries are embedded (Koch & Schemmann, 2009b, p. 7). An institution is always characterised by the following elements: (1) institutions have an externality which means they exist on a different level than the social actors, (2) they are objective so that they apply to several social actors, (3) they incorporate a permanence which means they exist over a longer period of time, (4) they have a certain meaning-

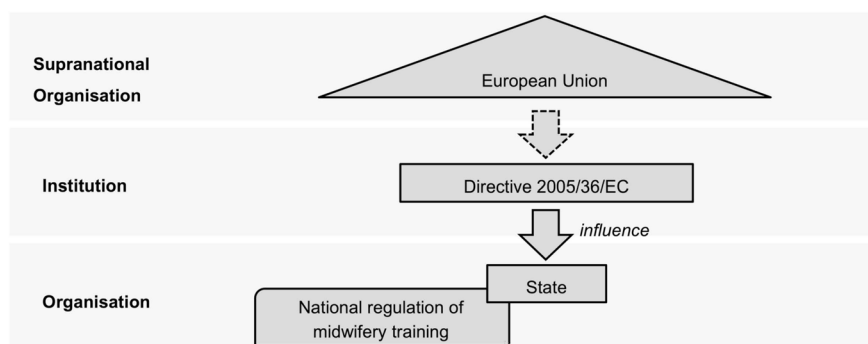
fulness so that they have a substantive meaning for the social actors and (5) they have a regularity so they influence social actors (Koch & Schemmann, 2009a, p. 22; 2009b, p. 7). Therefore, laws are an example of institutions (Koch & Schemmann, 2009a, p. 23). Organisations represent system networks in which coordinated and controlled activities take place (Meyer & Rowan, 2009, p. 28). In modern societies work increasingly takes place in complex networks and, thus, in highly institutionalised contexts (Meyer & Rowan, 2009, p. 28). This means that organisations locate themselves in fields that are shaped by socially expected concepts and patterns, both at the process and structural level (Meyer & Rowan, 2009, p. 28). In order to be accepted by society as a legitimate organisation, they must fulfil these expectations. This makes it clear that the system maintains itself because as soon as organisations implement these patterns and institutions, they become part of the collective expectation construct as they contribute to maintaining these expectations through participation and external impact, like a perpetual motion machine (Koch, 2009, p. 114; Koch & Schemmann, 2009b, pp. 8–10). The result of this pressure to conform is ultimately an isomorphism of organisational structures and processes (Koch & Schemmann, 2009a, p. 25; Meyer & Rowan, 2009, p. 36). This means that even at first glance different organisations have similar organisational patterns (Sandhu, 2012, p. 74). According to Meyer and Rowan (1977, pp. 341–342), institutional myths can also contribute to an alignment of organisations. The concept of institutional myths is based on the assumption that cause-and-effect relationships cannot always be reconstructed or verified. In relation to institutions or institutionalised rules these are mostly assumed causal relationships of organisational action which are analysed and ‘debunked’ as inaccurate, untrue, misleading or even irrational (Neuberger, 1995, pp. 1582–1583, quoted from Koch, 2009, p. 113). The origin of these myths usually lies in institutions and their institutional rules which serve as myths that describe various formal structures as rational means to achieve desired goals (Meyer & Rowan, 2009, p. 35). Despite their often lack of causality these myths determine societal expectations. Organisations adopt these institutions or institutionalised myths and, thus, the established expectations and norms to maintain their legitimacy.

Based on the aim to investigate the influence of the EU Directive 2005/36/EC on the national structures of midwifery education the addressed countries or the respective national regulatory structures of midwifery education, such as professional laws, represent the organisations. These are under the influence of the EU or, in the context of this study, the EU Directive 2005/36/EC so that the Directive itself represents an institution (cf. Figure 1). The Directive legitimises itself as an institution as it influences the countries from the outside starting from the EU as a supranational organisation (externality). Due to its radius of action across the EU, EEA and Switzerland the Directive fulfils the characteristic of objectivity (Igl, 2020, p. 342). The permanence of the Directive is due to the fact that it has been in place for over 15 years and will remain in its basic form in the future. The specific purpose of its application, namely the extension of the free movement of workers and the freedom to provide services and freedom of establishment gives Directive 2005/36/EC a sense of meaning. According to the characteristic of regularity the Directive is in accordance with as it is considered a binding legal act of the EU and can therefore exert an influence on the member states (Ruffert et al., 2020, p. 415). Whether

or to what extent the directive corresponds to an institutional myth is analysed in this paper.

A macro-institutional approach was chosen because this paper assumes that external institutions have an influence on organisations. Accordingly, the member states of the EU obtain their legitimacy through the isomorphism of formal structures by adapting their relevant legal acts for midwifery education to the institutional influence which would lead to harmonisation via the idea of conformity of the underlying theory.

Figure 1: Structural relationship of Directive 2005/36/EC in the context of the study



Based on the underlying European Union and its inherent interconnected character the EU directive as an institution implies the uniform values and beliefs of the EU (Ruffert, Grischek & Schramm, 2019, p. 975). The values and expectations of the EU and consequently the specifications of the legal norms derived from them form the legitimisation of the national educational structures at the EU level. When countries implement the requirements of Directive 2005/36/EC they legitimise themselves and get access to resources (e.g., funds or foreign labour) or support (e.g., bilateral cooperation).

It becomes clear that an investigation of the presented facts from the perspective of neo-institutionalism offers the possibility to make visible the subliminal influences of the institution and, consequently, of the supranational organisation. Furthermore, this offers the possibility to elaborate the indirect control of the EU which Bohlinger (2014, p. 7) has already highlighted using the exemplary case of Directive 2005/36/EC.

Deriving from the theoretical perspective of neo-institutionalism the central hypothesis is that Directive 2005/36/EC leads via myths to a unified academisation of the formal organisation of midwifery education. The link between the Directive and academisation is grounded in the fact that subtle indices within the Directive such as the reference back to ECTS or the increased focus on science work construct the myth that midwifery education would be most effective and productive if it were located at a university level. Consequently, EU member states only legitimise themselves if they provide midwifery education at the university level. Conversely, this means that member states that provide training at vocational schools or equivalent training institutions would find no or only limited recognition in the international mobility of midwives even if the rules for this had been formally observed. However, there is no direct instruction in the EU Directive

to shift midwifery training exclusively to a tertiary academic institution. Nevertheless, in academic discourse the full academisation of midwifery education is often attributed to Directive 2005/36/EC after amendment by 2013/55/EC (Bovermann, 2020, p. 124; Graf et al., 2020, pp. 1008–1009; Igl, 2020, p. 342).

3 Method

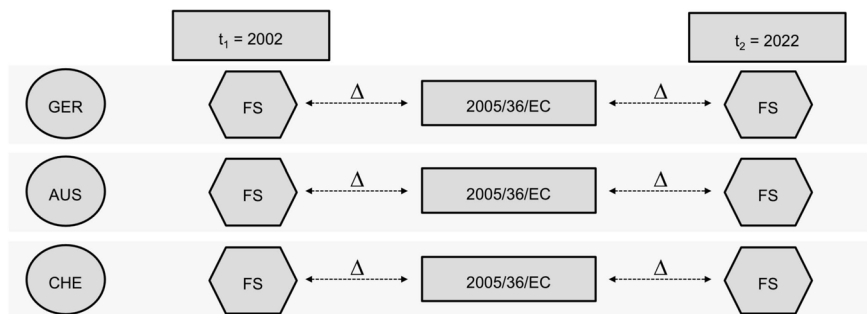
Based on the underlying interest in finding out to what extent Directive 2005/36/EC has influenced national statutory midwifery structures the focus of the study is on the influence of the institution and how it changes the formal structures of the nation states. This results in a top-down perspective with the EU's requirements as the starting point of the investigation (Radaelli, 2004, p. 4).

In order to be able to reconstruct whether and, if so, which changes the Directive 2005/36/EC entails on the national level and how the process of change proceeds the above-mentioned Directive in its current version of 10.12.2021 is set as an independent variable which is in line with the classical approaches of Europeanisation research (Eising, 2006, pp. 409–410). The counterpart and, thus, the dependent variable, is the national formal structure of midwifery training in the sense of the underlying research interest. In the context of this survey the operationalised element of formal structures are the country-specific regulations that determine the formal structure of midwifery training. Accordingly, primary sources that regulate midwifery training in a legally binding manner such as laws, guidelines, ordinances or similar national legal acts are examined. The specific study data of formal regulations are inductively generated from the requirements for automatic recognition of professional qualifications of the EU Directive 2005/36/EC (type, duration of training, theory-practice ratio, access requirements; cf. Table 1). Within the scope of this article only the basic training option (training option I) is examined for comprehensiveness reasons.

In order to better illustrate the process-related changes in national regulations due to the influence of EU Directive 2005/36/EC the formal structures before and after the influence of the Directive are surveyed by means of a vertical comparison. For this purpose, it will be analysed to what extent the national regulations differ from the EU Directive 2005/36/EC at the time before the Directive ($t_1 = 2002$) and at the time after the Directive ($t_2 = 2022$). The comparison of the two points in time allows statements to be made about the extent of the procedural change in the formal structure.

Eising (2006, pp. 409–410) refers to the problem that decisions of organisations are characterised by multi-causality so that in addition to the influence of the EU Directive also internal political or international effects have an impact on the education policy actors. Transferred to the above approach this would imply that individual national processes also have an impact on the national legal development. To reduce these confounding variables Europeanisation studies should be internationally comparative to gain greater control over generalising statements (Eising, 2006, p. 410). For this reason, the longitudinal data will be collected in three countries that are all under the influence of the EU Directive 2005/36/EC – Germany, Austria and Switzerland (cf. Figure 2).

Figure 2: Presentation of the methodological process (FS=Formal Structure; GER=Germany; AUS=Austria; CHE=Switzerland) (own illustration)



4 Results

The survey of the training structures in Germany, Austria and Switzerland is presented in short portraits. For this purpose, the structural design of the basic midwifery training (training option I) is presented at the time points t_1 and t_2 and finally placed in a summarising relationship to each other. For a more specific contextualisation, a brief historical context is given at the beginning of the country presentations.

4.1 Structure of midwifery training in Germany

Historical background

Midwives in Germany have been struggling to develop their profession since the 14th century although they have always been subject to restrictions. A change from the clerical dependence of the early period to the dependence on physicians in the Age of Enlightenment can be attributed to the medicalisation of obstetrics (Keyhan-Falsafi et al., 1999, p. 23). As a result, midwives were subject to the instructions of physicians and were excluded from academisation because, as women, they did not have free access to universities (Keyhan-Falsafi et al., 1999, p. 28–29). During the historical caesura of the time of National Socialism midwives experienced a strong increase in competence and a higher social, economic, and social status which, however, can be linked to solidarity with the political goals of the NS government and thus conformity with the ideological eugenics of the time (Mädrieh & Nicolaus, 1999, p. 77). Nevertheless, according to Lisner (2006, p. 36) the amendments to the midwifery act (Reichshebammengesetz) of 21 December 1938 which defined an obligation for midwives to attend births a guaranteed minimum income and insurance cover represented the first steps towards professionalisation. The developments in the late 20th century illustrate the constant struggle of midwives for professional upgrading and academisation and the regular competition with the medical profession in line with history.

Training structures in 2002

The training was structurally divided into theoretical and practical courses as well as practical training. The place of learning for theoretical and practical courses was provided by state-approved midwifery schools which had to be affiliated with hospitals (§ 6, I, HebG[G] in the version of 30.04.2002). In addition to carrying out practical training the hospital also served as the funding body for the school (zu Sayn-Wittgenstein, 2007, p. 162). Midwifery schools were classified as health care schools in the systematics of the German vocational training landscape (Zoege, 2004, p. 63).

The regular basic full-time training for midwives lasted three years and included 4,600 hours (§ 1, I, HebAPrV; § 6, I, HebG[G] in the version of 30.04.2002). The ratio between theory and practice was 1,600 hours for practical and theoretical instruction and 3,000 hours for practical training making the training primarily practice-oriented (§ 1, I, HebAPrV). In addition to the general entry requirements applicants had to have a Secondary School Certificate or a comparable ten-year general school certificate (§ 7, HebAPrV). For applicants who had already successfully completed a two-year nursing preparatory school or vocational training relevant to the occupation, a lower secondary school certificate or a comparable school leaving certificate was sufficient for admission to training (§ 7, HebAPrV). Regardless of the general school education people with a completed qualification as a nursing assistant could enter midwifery training.

Training structures in 2022

The most far-reaching change in the new legislation is the transfer of midwifery education from vocational schools to institutions of higher education making educational success contingent on completion of a bachelor's degree (§ 5, II, 1, HebG[G] in the version of November 22, 2019). According to the current Midwifery Act a higher education institution is a state or state-recognised higher education institution or a state or state-recognised vocational academy that awards a bachelor's degree equivalent to the bachelor's degree awarded by higher education institutions (§ 2, VII, HebG[G] in the version of 22.11.2019). These include universities, universities of applied sciences and academies. In its basic structure the training represents a dual practice-integrated course of study in which practical work phases are integrated into the university-based course of study (§ 11, II, HebG[G] in the version of 22.11.2019; Wolter, 2016, pp. 40–41; BMBF, 2021, p. 35). The practical phases are largely located in the hospital, but 640 hours of practical training must also be completed in an ambulant setting (Appendix 2, HebStPrV).

The basic academic training is a full-time course of study and lasts a minimum of six and a maximum of eight semesters resulting in a training period of a minimum of three and a maximum of four years (§ 11, I, HebG[G] in the version of 22.11.2019). The duration of training is 4,600 hours of which at least 2,200 hours must correspond to the professional practical part and at least 2,200 hours to the university part (§ 11, II, HebG[G] in the version of 22.11.2019). The university part includes both theoretical and practical courses based on a modular university curriculum (§ 20, HebG[G] in the version of 22.11.2019). One possibility to enter the study program is the completion of a general school education of at least twelve years which corresponds to a subject-related university entrance qualification or the general university entrance qualification in Germany (§ 10, I, 1a, HebG[G] in the version of 22.11.2019). It should be noted, however, that with

a subject-related university entrance qualification there is no unrestricted admission to midwifery studies at a university (German Midwives Association, 2022).

Summary of the overall change in Germany

In Germany, extensive changes in the structure of midwifery education can be seen over the years. The shift from vocational training in vocational schools to academic training in universities resulted in far-reaching changes in responsibilities but also in the design of the training. The previously strong practical component of the training has been reduced so that the theory-practice ratio has an equal share even though practical lessons are to be present in the university part of the training, but these are not shown with a fixed proportion of hours. Overall the German case shows an approximation to the requirements of the EU Directive 2005/36/EC after amendment by 2013/55/EU which also concerns the criteria required for the automatic recognition of the professional qualification.

4.2 Structure of midwifery training in Austria

Historical background

The Austrian history of the development of midwifery shows that the training of midwives has been increasingly structured and standardised since the 18th century (Barth-Scalmani, 1994, p. 370). This initially took place through the establishment of a standardised national qualification basis for midwives in the 17th and 18th centuries, which then developed into a standardised institutionalisation and, building on this, a fixed legal basis. The need for high-quality training was always a priority but professionalisation was rarely promoted. This is attributable to the growing dependence on the medical profession since the 18th century (Barth-Scalmani, 1994, p. 365; Lehne et al., 2019, pp. 3–5). In more recent decades, however, there have been stronger developments that stem from international comparisons and can even be traced back to the EEC in the early 1990s, which led to the emergence of the first Europeanisation trends (König & Brumen, 2012, p. 126).

Training structures in 2002

The training of midwives took place at midwifery training academies (§ 23, II, HebG[A] in the version of 31.05.2002) which were assigned to the non-university tertiary sector and concluded with a diploma (§ 34, II, HebG[A] in the version of 31.05.2002; Lassnigg & Steiner, 2003, p. 53; BMBWK, 2004, p. 46; König & Brumen, 2012, pp. 126–127). These had to be in connection with a hospital which had to provide sufficient personnel and material resources as well as specialised departments so that the practical training could be carried out at this place of learning because a theory-practice link was required (§ 9, II, Heb-AV; § 25, I, HebG[A] in the version of 31.05.2002).

The basic full-time training for midwives lasted three years at time t_1 and provided 1,530 hours of theoretical instruction and 3,250 hours of practical training which resulted in a total of 4,780 hours (§ 8, I, § 9, I, Heb-AV; § 23, I, HebG[A] in the version of 31.05.2002). For access to this training option applicants had to pass the matriculation examination of a general secondary school or the matriculation and diploma examination at a vocational secondary school or an educational institution for kindergarden ped-

agogy or an educational institution for social pedagogy (§ 29, I, HebG[A] in the version of 31.05.2002). Usually the general secondary school could be completed after twelve years of schooling and the vocational secondary school after 13 years of schooling (Dorninger, Lauterbach & Neubert, 1996, p. 75; Schneeberger, 2003, p. 5).

Training structures in 2022

The training of midwives has been located at a university of applied sciences since 2005 and is structured in the form of a bachelor's degree program (§ 4, FH-Heb-AV; § 11, II, HebG[A] in the version of 16.11.2022). This provides the theoretical and practical training components (§ 3, II, FH-Heb-AV). In addition, midwifery students must complete internships in cooperating institutions. This takes place in hospitals or other institutions that can ensure the necessary personnel and material resources as well as an education that serves the educational goal (§ 3, III, FH-Heb-AV). Experienced and pedagogically suitable midwives provide practical support (§ 6, III, FH-Heb-AV).

The basic midwifery training at the university of applied sciences is a three-year bachelor's degree with a total of 4,600 hours (§ 2, Ia, FH-Heb-AV). The practical part must amount to at least one third of the total training time which corresponds to 1,533 hours (§ 2, Ia, FH-Heb-AV). There are no specific school entry requirements for midwifery. Applicants must have a university entrance qualification suitable for universities of applied sciences. In Austria, this can be done by a general university entrance qualification or by relevant professional qualifications (§ 4, IV, FHG). Usually the general university entrance qualification is obtained by passing the maturity examination at a general upper secondary school or by passing the maturity and diploma examination at a vocational upper secondary school which corresponds to twelve years of general schooling (Dorninger & Gramlinger, 2019, p. 58). Alternatively, a professional maturity examination can also be taken. By taking an external examination individuals can obtain a general higher education entrance qualification after completing initial vocational education and training (Dorninger & Gramlinger, 2019, p. 58).

Summary of the overall change in Austria

In Austria, an institutional change from academies to universities of applied sciences has taken place. Midwifery education remained at the tertiary level but changed from the non-academic to the academic sector. The total training period remained almost unchanged but the practical components of the highly practical training were reduced and the theoretical components increased accordingly. Overall this has brought the training structures closer to the requirements of EU Directive 2005/36/EC as amended by 2013/55/EU.

4.3 Structure of midwifery training in Switzerland

Although Switzerland is not a member of the EU a comparison is appropriate because through the Agreement on the Free Movement of Persons, Switzerland reached an agreement with the EU, according to which both parties agreed on the recognition of professional qualifications in 1999. On September 30, 2011, Switzerland signed the EU Directive 2005/36/EC thereby participating in the EU's common system for the recognition of

diplomas (Swiss Federal Council, 2011, n.p.). However, the adoption of the amending directive 2013/55/EU is still pending (Swiss Federal Council, 2019, p. 24). Preparatory efforts have been in progress since 2013 but so far there has been a lack of agreement between the EU and Switzerland on implementing legislation (Oesch, 2020, p. 95; Swiss Conference of Cantonal Ministers of Education, 2022, p. 31). However, the Swiss Federal Council emphasises that midwifery education is in line with the amending Directive 2013/55/EU despite the lack of legislation (Sommaruga & Casanova, 2015, p. 8777). Against this background, it seems even more significant to investigate the impact of EU Directive 2005/36/EC after amendment by 2013/55/EU on midwifery education in Switzerland although it is not formally recognised. The results can, thus, provide first insights into the informal Europeanisation developments in Switzerland and would underline the influence of the EU Directive beyond its official formal status.

Historical background

Overall, it can be seen that since the institutionalisation of midwifery training in Switzerland in the 18th century a dependency on physicians has been consolidated (Jenzer, 1966, p. 68). Development requests on the side of midwives have been implemented over time due to the need for higher qualifications but always in small steps limited and under protest from the majority of the medical profession (Zürcher, 1994, pp. 33–42; Schweizerischer Hebammenverband, 2019, p. 7). Until the 1970s standardised developments did not take place due to cantonal regulatory authority over midwifery training (Schweizerischer Hebammenverband, 2019, p. 13). The first public efforts to academise midwives emerged at the end of the 19th century and were implemented at the beginning of the 21st century (GDK, 2004a, p. 12; Oertle Bürki, 2009, p. 1716)

Training structures in 2002

Midwifery training in Switzerland experienced a period of change at the time of t_1 . The reason for this was the educational reform of 1999 according to which midwifery education was to be raised to the tertiary level in the future. In the course of the educational reform many higher vocational schools were to be upgraded to universities of applied sciences and, thus, become institutions of higher academic education (Suter, Criblez, Spilimbergo & Lutz, 2020, p. 9). For midwives, it was not clearly clarified whether training should be offered in the future at a higher vocational school or at a university of applied sciences until 2002 (Bühl, 2004, p. 5). As a result, two different training models have emerged in Switzerland since 2002. In French-speaking Switzerland, training was increasingly provided at universities of applied sciences and in German-speaking Switzerland at higher vocational schools (Oertle Bürki & Plattner, 2003, p. 6; Bühl, 2004, p. 5). At the time of 2002 both the universities of applied sciences and the higher vocational schools belonged to the tertiary level (Suter et al., 2020, p. 9). In this regard, the higher vocational school was considered an independent part of the non-university tertiary sector and was assigned to higher vocational education at the time (Wettstein & Lauterbach, 1995, p. 27; Suter et al., 2020, pp. 9–10). The training concluded with a diploma.

Practical training was provided in the form of internships at external facilities. The school as well as the practical institution had to coordinate the training contents together (SRC, 2001, p. 27).

The basic midwifery training lasted three years with a training period of 4,620 hours (SRC, 2001, p. 25). It was possible to complete the training in part-time as long as the duration of the training was not shorter than in full-time training (SRC, 2001, p. 7). The proportion of school-based training had to correspond to at least one third and may not exceed half of the total training time. This resulted in a school-based training component of at least 1,540 hours and a maximum of 2,310 hours, or a practical training component of at least 2,310 hours and a maximum of 3,080 hours (SRC, 2001, p. 25). To be eligible for training students were required to have completed at least upper secondary education and to have sufficient knowledge of natural science and general education subjects (SRC, 2001, p. 43). Completion of upper secondary education could be achieved at the earliest via diploma middle schools after twelve years. Transitions via vocational school or higher secondary school were also possible (Wettstein & Lauterbach, 1995, pp. 25, 73; Oertle Bürki & Plattner, 2003, pp. 18, 97).

Training structures in 2022

In 2022 midwifery training in Switzerland is offered uniformly at universities of applied sciences. In 2004 the decision regarding this was made by the Swiss Conference of Cantonal Health Directors (GDK) (Oertle Bürki, 2009, p. 1716). To become a professional midwife a Bachelor of Science degree from a university of applied sciences is required (Art. 12, II, d, GesBG). The education should be practice-oriented and prepare students for professional activity through application-oriented research and practice-oriented studies (Art. 3, I, GesBG; Art. 26, I, HFKG). Specified practice locations are not defined.

Based on studies on health at Universities of Applied Sciences the training can be completed either full-time or part-time (GDK, 2004b, p. 3). With regard to the duration of training only a bachelor's degree program is prescribed. According to the ordinance by the Higher Education Council bachelor's degree programs in Switzerland should have a duration of 180 ECTS corresponding to a workload of 4,500 to 5,400 hours (Art. 3, II, Art. 4, I, a, Ordinance of the Higher Education Council on the Coordination of Teaching at Swiss Universities). The exact design including the practice linkage lies in the responsibility of the universities within the framework of the accreditation process.

The clinical-practical training components must be in accordance with the requirements of the relevant EU directives (cf. Appendix 4, Ordinance of the FDHA on the Accreditation of Study Programs under the GesBG). According to this the admission options are divided into area-specific and non-area-specific prerequisites. The area-specific previous education entitled to admission includes on the one hand the Swiss Federal Certificate of Proficiency (EFZ) in Health Care in conjunction with the Vocational Matura for Health and Social Services and on the other hand the Certificate of Secondary Education in Health together with the Specialised Matura in Health (GDK, 2004b, p. 3). The non-area-specific qualifications include other Maturas (GDK, 2004b, p. 4). Applicants with non-area-specific previous education must complete additional modules (usually internships) which are determined by the universities (GDK, 2004b, pp. 3–4). Overall, however, the entrance requirements presuppose a general school education of usually 12 to 13 years.

Summary of the overall change in Switzerland

In the case of Switzerland, it appears that training at the higher vocational colleges which are assigned to higher vocational education has been transferred to the universities of applied sciences in the analysed period so that a uniform institution is now responsible throughout Switzerland. In Switzerland, there has been a change from a very practically oriented midwifery education to a stronger theory orientation, too. With regard to the division of the theory-practice relationship explicit reference is even made to the applicable EU directives. Accordingly, the case of Switzerland also shows an approximation to the EU Directive 2005/36/EC after amendment by 2013/55/EU.

5 Discussion of results

The results of the country portraits show that the developments in all countries considered indicate an influence of the EU Directive 2005/36/EC with regard to midwifery training. Remarkably, the countries Austria and Switzerland had already academised midwifery education before the introduction of Directive 2005/36/EC. However, the design of academisation in the respective education systems was individual at the time of 2002. The midwifery academies in Austria and the higher vocational schools in Switzerland were classified as higher vocational education (BMBWK, 2004, p. 46; Suter et al., 2020, pp. 8–9f.). In the discourses, however, the uniform view emerged that midwifery training should be relocated to universities of applied sciences, as these are regarded as a higher-quality place of learning due to their assignment to the higher academic sector. This is associated with the upgrading of training (König & Brumen, 2012, p. 128; Habermeller & Sturm, 2014, p. 25; Sottas, 2021, p. 153). A similar argumentation occurred in Germany. The discourse is characterised in many ways by the fact that Universities of Applied Sciences could transmit higher-quality evidence-based competencies in contrast to vocational colleges. As an example, Igl (2020, p. 344) states that in principle no detailed knowledge of science can be taught in a vocational school education. This assertion is supported by the German Qualifications Framework (GQF). The training at a vocational school in the healthcare sector imparts competencies of GQF level 4 and bachelor's degrees are located at GQF level 6 (cf. Bund-Länder-Koordinierungsstelle für den DQR, 2022, p. 3).¹ According to the GQF, the upgrading goes hand in hand with a better understanding of science (AK DQR, 2011, pp. 6–7). Furthermore, the framework agreements on vocational schools do not explicitly mention the teaching of scientific competencies (Standing Conference of the Ministers of Education and Cultural Affairs, 2022).

Beyond the scientific requirements, academisation in all of the countries presented was linked to an increasingly complex professional practice. It remains to be seen whether the teaching of the necessary scientific and action-oriented competencies is unavoidably and exclusively tied to the higher academic education sector, or, whether an adjustment of the profile of the vocational schools would be a possibility for adaptation.

1 The levels of the German Qualifications Framework and the European Qualifications Framework correspond.

All in all, the myth that is transported by the Directive 2005/36/EC clarifies at this point. It is the myth that academic institutions of higher education are considered to be superior to (higher) vocational education. Whether the directive merely reflects the myth or contributes to it cannot be conclusively assessed at this point. It can only be said that this myth is inherent in the directive.

It is remarkable that midwifery education, with the exception of Germany at time t_1 , is already located at the tertiary level. Only in Germany was education still at secondary level. At time t_2 , the academic learning locations are shown to have aligned. In all cases midwifery education takes place at universities of applied sciences, in Germany it is also possible to study at universities and academies (cf. Table 2).

Table 2: Levels and institutions of midwifery training in Germany, Austria and Switzerland

Country	Localisation of midwifery training	
	2002	2022
GER	Upper secondary level: Vocational schools	Tertiary level: Universities of Applied Sciences, Universities, Academies
AUS	Tertiary level: Academies	Tertiary level: Universities of Applied Sciences
CHE	Tertiary level: Colleges of Higher Education/ Universities of Applied Sciences	Tertiary level: Universities of Applied Sciences

After the implementation of the Directive 2005/36/EC the types institutions in which midwifery education is located are converging with the universities of applied sciences in the region under study. As a result of the change in institutions and the implementation of the Bologna Process certificates of qualification have also been aligned. Instead of diplomas graduates of basic midwifery education obtain a bachelor's degree. The fact that the countries Austria and Switzerland have already started the academisation of the midwifery profession before Directive 2005/36/EC and have aligned the structure to the bachelor/master system suggests that the Bologna Process is a fundamental influence on the academisation of the midwifery profession. For Austria and Switzerland, therefore, Directive 2005/36/EC cannot be set as a cause for the academisation of midwifery education. Nevertheless, it can be seen that the structural design of the study program has closely aligned with the criteria for automatic recognition of professions (type, duration of training, theory-practice ratio, access requirements; cf. Table 1). It can be deduced from this that Directive 2005/36/EC is leading to a progressive convergence and shaping of the content of the study structure requirements in countries where academisation of midwifery education has already taken place. The case of Germany shows signs that Directive 2005/36/EC has the efficacy to support academisation in a country in which it is not yet present at that time.

The reasons given in the discourse in the course of the academisation process also show parallels. In this regard, both national and international motivations for academisation of midwifery education are listed in all countries. Among the international arguments listed in all countries are international comparison with other countries and the lack of recognition of professional qualifications abroad if the training is not academized (Oertle Bürki, 2009, p. 1715; König & Brumen, 2012, p. 126; Mériaux-Kratochvila, 2021, p. 142). In addition, academisation is expected to internationalise the profession not only in terms of mobility but also in terms of dialogue (Jakobi & Martens, 2007, p. 251; Butz et al., 2017, p. 7). Among the national motivations in all countries increasingly complex fields of activity and competence demands of midwives, the promotion of professional development, a higher professional autonomy of action, as well as an increase in the attractiveness of the training are mentioned (Oertle Bürki, 2009, p. 1716; Sommaruga & Casanova, 2015, p. 8723; Gerholz & Walkenhorst, 2016, pp. 74–75; Euler & Severing, 2017, p. 34; Walkenhorst, 2022, p. 52).

Due to the argument of upgrading the training by shifting from vocational education to academic education and the international argument of connectivity and the legitimization by the present EU directive, the structures of midwifery training have converged between the countries Germany, Austria and Switzerland. Although the directive does not explicitly call for academisation the directive is in many respects perceived in the discourse as a decisive reason for creating, consolidating or expanding academisation (König & Brumen, 2012, p. 128; Haberfellner & Sturm, 2014, p. 25; Sottas, 2021, p. 153).

6 Conclusion

The aim of the study was to identify the influence of EU legal standards on the design of the vocational training organisations of the member states. For this purpose, the implementation of Directive 2005/36/EC in relation to midwifery education was analysed in the countries of Germany, Austria and Switzerland. In this regard, the following research question was addressed: To what extent has the EU Directive 2005/36/EC led to an academisation of midwifery training in Germany, Austria and Switzerland?

In answering the research question the convergences uncovered show that the national midwifery training structures have not only aligned themselves with the EU Directive along the Directive-specific examination criteria. It was also shown that the isomorphism in terms of uniform academisation goes beyond the formal requirements of the EU. Consequently, it can be seen that the EU Directive 2005/36/EC has the potential to shape midwifery education in the countries under consideration and to bring about or consolidate academisation even though it does not formally prescribe academisation. In addition to the obvious Europeanisation processes subliminal driving forces of the Europeanisation of training structures become apparent which blur the sovereign borders of the countries.

7 Bibliography

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