STRATEGY
FOR THE MAIN ACADEMIC AREA
HEALTH
AT AARHUS UNIVERSITY
2013–2017
INTRODUCTION

1. Introduction

The Faculty of Medicine at Aarhus University (AU) was formally established in 1936, although the education of medical students in Aarhus had already begun in 1933. By 1952 the faculty had been fully formed, and in that year the first thesis was defended. In 1992 the Aarhus School of Dentistry became a part of the faculty, which changed its name to the Faculty of Health Sciences at that time. Research into cell membranes began at the Department of Physiology in the early 1950s, and this work later resulted in Jens Christian Skou’s discovery of the sodium–potassium pump. In 1997, Professor Skou was awarded the Nobel Prize in Chemistry for his efforts in the field. Ever since its inception the faculty of medicine has had close links with local hospitals, all of which have since been merged into what we know today as Aarhus University Hospital (AUH). These links are particularly close regarding the clinical education and training of medical students, but the faculty – now one of AU’s four main academic areas, and known simply as Health – is also responsible for research activities conducted in relation to health-care services provided by the Central Denmark Region (CDR).

The strategy of Health for the period 2013 to 2017, including corresponding strategy maps, aims to build upon, and to further develop, the solid foundation that researchers and educators have been laying down for almost a century in the fields of health-science research and education at AU.

Like the basic values set out for AU in its entirety, the basic values for Health are based on the European university tradition as described in the European universities’ Magna Charta, which in turn is based on fundamental ideals of freedom and independence in research, and research-based education. AU Health places decisive emphasis on these roots, creating opportunities for Health’s employees and students to work in a questing and critical manner, and in open and dynamic interaction with the community and the world around them.

The health sciences comprise all aspects of human health, disease, and death. It is therefore our duty to seek to promote the population’s health through research and education at a high international level, and also to ensure the dissemination and exchange of knowledge across the full range of fields in the health profession. These efforts are some of the many factors helping to increase the Danish population’s health and well-being, to prevent and diagnose illness and premature death, and to treat, care for, and rehabilitate patients as efficiently and effectively as possible. At AU Health we create new knowledge and turn out highly skilled, well-educated graduates who can work for the benefit of others and make a positive contribution to the development of society.
DESCRIPTION OF THE MAIN ACADEMIC AREA

2. A description of AU Health

Just under one third of all health-science research in Denmark takes place at AU, and through their involvement in AUH the clinical staff at Health share responsibility for treating the illnesses of approximately one third of the Danish population. Our activities comprise the following:

- Responsibility for about 35 per cent of medical education in Denmark
- Responsibility for about 40 per cent of dentistry education in Denmark
- Responsibility for several other degree programmes within the health sciences, including public health, sport science and nursing
- Responsibility for several degree programmes in dental care, including programmes in dental hygiene and dental assistance
- Responsibility for 30 per cent of the health-science PhD programmes in Denmark
- In 2011 we signed 235 collaboration agreements with external partners (such as private companies, public authorities and institutions, and other research institutions). 159 of these agreements have been entered with international partners. In addition, a number of agreements have been made with Danish subsidiaries of international companies
- The employees at Health (2,454 in all) correspond to 1,479 full-time equivalents, which breaks down into 612 full-time academic staff, 279 part-time academic staff, and 588 technical and administrative staff

Because of our size, which means that we have achieved critical mass in virtually all professional disciplines, Health also naturally takes on national and international obligations. In several of the international rankings where AU Health can be separately identified, we are to be found among the top 100 health-science faculties in the world.

AU Health is organized within a framework consisting of five departments and the School of Oral Health Care, plus a unit that develops (medical) education (MEDU), and the Dean’s Office. The departments and the school each give a detailed presentation of themselves in their own strategy documents.

The departments (including the school) at AU Health are:

- The Department of Biomedicine
- The Department of Clinical Medicine
- The Department of Forensic Medicine
- The Department of Public Health
- The Department of Dentistry
- The School of Oral Health Care
3. Status report on AU Health

Because it has such a broad professional profile, such strong research environments in so many different areas, and such close relations with AU’s other admirable research capabilities in science and technology, business and social sciences, and the arts, Health is in a unique position to help develop solutions to the extremely complex health problems that societies are currently facing. AU Health also benefits from mature, effective collaborative relations with other groups in the scientific community and with the wide-ranging public health services in Denmark.

Health is facing a number of challenges and must adapt to new framework conditions

The competition for funding constantly becomes keener. Furthermore, the current financial situation in Europe will probably also in the next few years increase the tendency towards a tighter financial framework, and this will also influence the universities. Therefore, it becomes increasingly critical for the faculty and its researchers to be well prepared, fit to stay the distance in a race where quality will be a crucial criterion for success. Thus far, AU Health has done well when vying with others for external funding, and we embrace the heightened spirit of competition. It will nevertheless require an extraordinary effort on the part of Health and its research environments to rise to this challenge.

Another challenge is our sharper focus on exchanging knowledge with the society around us, which also provides better opportunities for readily applying research findings. The business orientation of our degree programmes must be augmented due to the changing conditions under which the public health services operate, and we must further emphasize the interplay between basic research and clinical research – an approach known as “translational research”. This will enable faster, more efficient transferral of the newest scientific results from the molecular medicine laboratory to practical use in daily patient diagnosis and treatment, and it will also speed up the development of new products in the medical and pharmaceutical industries. Finally, we must become a stronger player in public-health and health-service research.

AU Health is currently preparing transitions among the scientific staff to ensure smooth leadership succession from one generation to the next. National and international recruitment of young candidates for research and teaching positions – in all branches of the health professions – must therefore be intensified. Managerial and financial motivation must be applied in a targeted manner to attain the desired level and quality in our recruitment.

The signing of a new and very comprehensive agreement with the CDR in late 2011 puts us in a position to further develop our cooperation with AUH. This agreement (the University–Region collaboration) also opens new potentials for more extensively engaging with the regional hospitals and other health services. Much work remains to be done in adapting the entire
organization and structure of AUH, the regional hospitals, and other health service providers, the objective being to establish a solid academic foundation to undergird the health-service tasks handled by the regional and municipal authorities. One fundamental element aiding these authorities in successfully meeting their challenges will be an increased level of academic professionalization. This will rely heavily upon basic study programmes and upon continuing (further and supplementary) education courses that are rooted in research, and which spring from all branches of the health sciences.

The two university-based MSc degrees at Health that enable graduates to obtain a licence to practice – medicine and dentistry, respectively – have always had many applicants and hence strict admission requirements. But in the years to come, greater internationalization in education, combined with the Bologna objectives on increased flexibility in student admission, will challenge AU Health when it comes to recruiting and retaining the most talented students. Degree programmes will have to be continuously adapted to suit an ever-changing labour market, and to comply with the structure and composition of tasks that the public health sector is called upon to handle at any given time.

**Benchmarking**

In connection with the strategy process that will define 2013–2017, the departments and the main academic area of AU Health have carried out various benchmarking exercises. As a result, benchmarking and indicators will be applied at the following levels:

- **Key performance indicators for Health**: A number of preliminary baselines have been designated for the main academic area. These will be used to benchmark the departments and, in the longer term, may be used to benchmark against external entities. The Dean’s Office will handle data collection, treatment, and follow-up.
- **Key figures for Health**: Data for a number of benchmark indicators will be collected, using existing data sources wherever possible. All data for these indicators must be collectible and applicable at departmental level.
- **Key performance indicators for departments**: The individual departments have selected a number of KPIs that they wish to use for following up on their own goals. Departmental KPIs are described in each department’s goal and action plan documents. The departments will handle data collection, treatment, and follow-up for their own KPIs.
STRATEGIC GOALS FOR THE MAIN ACADEMIC AREA

4. Mission, vision and strategic goals

By virtue of its wide disciplinary scope and solid academic foundation, AU Health is in a position to make significant contributions at a national and an international level, and to develop the role that AU plays in its own community and in society. In order to clearly express our role for the university and for society as a whole, we have formulated statements that express the mission and the vision of this main academic area.

Mission for AU Health

*Our overarching mission is to improve the population’s health through research, talent development, and education at an internationally competitive level, and to ensure the dissemination and exchange of knowledge across the full range of fields in the health profession.*

Vision for AU Health

Health will actively contribute to promote health and well-being among the general population, to help prevent and diagnose diseases and to ensure that patients are treated, cared for and rehabilitated efficiently in accordance with modern and evidence-based criteria. This will be done by:

- Creating new applicable knowledge through top-quality research
- Supporting development of existing and future talent employed at Health
- Gaining and communicating knowledge between AU Health and the surrounding community
- Educating well-trained graduates who have completed relevant and appropriate degree programmes.

Our mission and our vision make Health the pillar that supports Aarhus University in the health sciences, extending AU’s mission and vision to the health field:

**Mission for AU**: To develop knowledge, welfare, and culture through research and research-based education, knowledge sharing, and consultancy.

**Vision for AU**: To belong to the elite of universities and to contribute to the development of national and global welfare.
The formulation of strategies for AU Health is based on extensive strategy processes within the five departments and the School of Oral Health Care. The strategy work, organized as a bottom-up process, has incorporated significant input from the academic environments, but also from the strategic work with the four core activities at AU level. The strategies drawn up by departments, by each of the four main academic areas and by Aarhus University as a whole in combination form a coherent and coordinated set of strategies.

The strategy deals with the future development of Health as a coherent main academic area and thereby concerns all members of staff (scientific as well as administrative), departments and the school, research areas, educational activities and collaboration with external partners. Optimal development and interplay between all these are required to ensure realization of Health’s full potential.

**Strategic goals**

The selection and prioritizing of strategic focus areas for Health, as described in the strategy and the strategy maps, has primarily been based on strategy processes carried out at the departments and at the School of Oral Health Care. Input and inspiration has also been taken on board from initiatives in AU’s four core activities (research, talent development, knowledge exchange, and education) with active participation from the responsible vice-deans. Last but not least, the strategic goals for AU Health build upon the 2008–2012 strategy for our legacy entity, the Faculty of Health, and on the strategic guidelines set out by the university’s Senior Management Team – and, notably, by the Dean of Health – in the Danish strategy document The Academic Development Process, Aarhus University, dated 9 March 2011.

At a general level, the strategic goals of Health are to:

- increase the number of Danish and international top-level researchers
- increase the number of articles published in high-impact international journals
- attract more, and larger, external research grants
- strengthen talent development by continuously enhancing the quality and the international aspect of our PhD programmes
- attract the best and brightest students and educators, and develop talent in our research and education environments
- reinforce partnerships internally within the academic world and also in relation to the municipal and regional authorities and the business community
- strengthen our role as a supplier of research-based knowledge to the society that surrounds us (the general public, the social and health services sector, authorities and other public institutions, companies, and the business community at large) by following an ambitious strategy for Scientific Social Responsibility (SSR)
Over and above this, the objective of the recent reorganization of AU into a new disciplinary structure is to strengthen the potential for interdisciplinary cooperation. We at Health support and pursue this course.

Internationalization broadly speaking is also a focus area for Health, and it will therefore be a common feature in our efforts concerning research funding, student mobility, recruitment, experience-sharing, and much more.

This foundation enables us to define strategic goals for each of AU’s four core activities (research, talent development, knowledge exchange, and education) and for our collaboration with the health services.

A successful outcome of the strategic goals mentioned above depends on a well-planned and well-performed implementation. Immediately after adoption of the strategy, an implementation and follow-up plan will be drawn up for the entire strategic period (2013-2017). The plan will include more detailed information on: timetable, prioritisation, resource allocation, managerial responsibilities, staff involvement and follow-up – including benchmark for the strategic goals at general level as well as individual activities. The implementation will take place in close collaboration between particularly the Dean’s Office, the Management Team at Health, the Central Denmark Region and other close collaborative partners between the Administration Centre at Health and the administrative departments at AU headed by Deputy Directors.

**Research**

In order for AU and for Health to be, and to remain, at the international forefront, our research must be deep, broad, and of excellent quality. One important thing that enables us to maintain our position is that all of our core services – whether in talent development, education, or knowledge exchange – ultimately rest and rely upon research.

Research is certainly about quality, collaboration, and financing, but it is just as much about the researchers themselves. The recruiting that we do today will be decisive for the level of research being done at Health a decade from now. It takes time to build strong research environments. A basic prerequisite for recruiting the very best researchers from abroad is that we make our presence felt, in Denmark and internationally. And although AU Health already has a distinct profile, if we want to ensure our competitive edge on the international stage in the future, this profile must be further honed.
Health has three main strategic goals for the core activity Research:

1. **Stimulating groundbreaking results through research excellence and interdisciplinary collaboration**

   Interdisciplinary research is one of the elements that is to propel AU forwards, given that many breakthroughs in research will take place on the borderlines between the traditional disciplines. It is, however, important to recognize that interdisciplinary research will only have the power to generate groundbreaking results if it rests upon a solid academic and professional foundation, which is why excellent research within the disciplines, which is crucial for successful interdisciplinary collaboration, must continue to be a hallmark of our university.

   One criterion for success is the establishment of interdisciplinary centres that carry such professional weight that they have been able to put AU on the academic and scientific map in Denmark and abroad. The process of establishing and building up new interdisciplinary centres will be initiated as soon as possible. One of the challenges for these centres will be to encourage researchers to promote interdisciplinary collaboration and ensure the necessary dialogue across the academic fields.

   For our students, these changes will materialize as new opportunities to participate in other types of research projects than previously in the context of BSc projects and MSc and PhD theses. Some interdisciplinary centres will also offer new degree programmes.

   Health seeks to be a proactive and significant player in the interdisciplinary centres at AU – and as such we will actively help research to unfold between and across AU’s four main academic areas.

   Internally, our own main academic area will be alert to potential cross-departmental synergies. Also, the new University–Region agreement from 2011 between Health and the CDR provides a sturdy base for research initiatives, with responsibility for clinical and (in the longer term) public-health research resting solely with AU Health.

2. **Increasing our visibility and leadership in national and international research projects**

   The quantity and quality of our research must be increased, and the dissemination of our findings – most notably in leading international research journals – must be intensified and specifically targeted. In short, the publication of high-impact journal articles will be even more imperative in the future.

   Likewise, ranking high on international lists and ratings is also important. AU Health wishes to achieve an even stronger international profile and greater visibility. We will prepare for the increasingly fierce competition for research funding, nationally as well as internationally, and Health will gain a larger share of the international research funds in competition with leading international universities. Visibility on the international stage is imperative.
3. Strengthening the research environment

AU Health will promote research that transfers knowledge from laboratories to the patient and back again, and we will focus on knowledge that crosses borders between the university and the health services. The many strong professional and disciplinary environments at Health will coordinate and collaborate in the effort to achieve this goal. In particular, we must draw optimum benefit from the weight now embodied in the new and larger Department of Biomedicine; from the integration of sport science into the Department of Public Health; from new partnerships in the field of public health; and from the fact that the Department of Clinical Medicine is now responsible for research at all hospitals in the CDR.

Another strategic goal for Health is to focus on areas that are crucial in a global perspective. Basic research is essential, but from an international point of view it is also important that we do strategic research. The Horizon 2020 programme is particularly significant in this context.

Talent Development

Health will aim to conquer a number of major challenges during the coming years in PhD education and talent development, including internationalisation, quality assurance and development of new research career programmes. Focusing on talent development and educating researchers at the highest international level are prerequisites for excellent research. The process of cultivating research talent involves spotting talent in the bud, then subsequently helping to mature the potential that a particular researcher embodies. This is done through a sequence of education and training activities that consist of pregraduate research, a formalized PhD education, and recruitment to a position as a postdoc or associate professor.

The process of talent development typically lasts about 10 years, from the time the person’s potential is identified until the researcher becomes firmly rooted in a research position or other permanent position requiring research expertise.

Health aspires to develop one of the world’s best PhD programmes, thereby promoting excellence in research and attracting new and proven international talent and helping to find solutions to the global challenges of the future.

Health has three main strategic goals for the core activity Talent Development:

1. Strengthening the quality of PhD programmes

Health will dedicate efforts to recruiting talented young researchers, and to maintaining and reinforcing the scientific environment around them, challenging them at the highest level.

AU Health will work with the targeted recruitment of talent, for instance by clearly stating requirements to applicants’ academic, organizational, and personal skills, and by engaging in
Danish and international partnerships, PhD networks, and alliances. This will promote mobility, ensure critical mass, and generate synergies.

We will also strengthen supervision and make the quality requirements to this role visible. Furthermore, we will continue to work with employer panels (which represent those who ultimately employ PhD graduates) to reinforce our PhD programmes in the best possible way. Steps will also be taken to make sure that research projects end with the publication of findings.

2. Recruiting the best talent from Denmark and abroad

AU Health will develop a concrete definition for the concept of “talent”, thus clearly asserting which qualifications must be present at the various talent-development stages, from pregraduate research, across the PhD process, and up to employment in postdoc positions or associate professorships.

Recruitment must be transparent, strategic, and based on well-defined guidelines. This means, for example, that calls for grant applications (at pregraduate and postgraduate level) must clearly state the necessary applicant qualifications. Potential candidates must have no doubt of the requirements they must meet to advance from one career step to the next.

We will maintain and reinforce international recruitment at all levels of research education and will give a high priority to participation in international partnerships and alliances. As part of this, we will look to the many existing personal international research networks and personal networking with businesses, thereby widening the potential benefits.

3. Creating clear and coherent career paths in research, and focusing on employment opportunities

AU Health will establish a career path (PEGASUS) that covers a researcher’s entire course of education: from pregraduate education, across PhD and postdoc activities, and to employment as an assistant professor, incorporating stays abroad and including combined positions where employment is shared between the university and either a public hospital (which is under regional authority) or a company.

We will offer targeted courses with content that corresponds to the qualifications needed to climb to the next level on the career ladder. This will allow AU Health to clearly demonstrate what future employers of PhD graduates can expect.

Health aims at obtaining full employment for our PhD graduates. One requirement to achieve this aim is that the specialization involved in taking a PhD education is in balance with transferable skills. We will also have to reinforce our collaboration with the employers of graduates – the health services and relevant companies – engaging them in activities such as
educational courses and joint projects. The goal is to increase graduates’ chances of finding employment, particularly for PhDs who are not medical doctors.

We also wish to promote Danish and international partnerships and collaborative efforts that positively affect mobility and increase the probability of employment.

Knowledge Exchange

The universities must in future, to an even greater extent than today, share their knowledge with society. Likewise, the universities must help illuminate issues which can rarely be addressed by exclusively involving traditional scientific disciplines. Like other universities, Aarhus University is also bound by the obligation to actively contribute to providing the highest possible knowledge level in the general public and to generating economic growth and increased welfare. It is of equal importance that the universities and AU are willing to accept and embrace the current challenges of the surrounding society since these challenges must serve as an inspiration to research, talent development and education.

Knowledge exchange is defined as a relatively new core activity at AU in general, and therefore also at Health. The new core activity provides many possibilities, but we also face many challenges in order to successfully incorporate knowledge exchange as a core activity – of equal importance as the other three core activities – in our organisation and among researchers and other staff. For instance, incentives and infrastructure must be established at the university to provide better inspiration for knowledge exchange in practice. This also implies a change of mindset among researchers; more researchers must, in addition to producing research results, also focus on the practical application of the research findings.

The general objective is that Health in future will increase our emphasis on making the results and findings we have achieved available to the world around us, contributing to economic growth and increased health and well-being. We will likewise be receptive to issues that affect the society around us.

Health has three main strategic goals for the core activity Knowledge Exchange:

1. Delivering independent, research-based consultancy and knowledge

The staff at Health already provide a significant amount of services to the regional and national authorities (mainly on health issues). Most importantly, the Department of Forensic Medicine handles a variety of assignments for the judicial system. The Department of Epidemiology and the Good Clinical Practice (GCP) Unit, both under the Department of Clinical Medicine, also have many such activities.

Experts are appointed through the medical associations and by personal request from relevant authorities. The ambition of AU and Health is to better serve public authorities by facilitating
appointments to particular tasks and positions, including memberships on committees, councils, and boards. Initially, Health will seek to clarify the areas of expertise covered by the staff in our own main academic area. One means to this end is the publication of a Research Catalogue, released in January 2012. Another is to support this initiative by subsequently updating the catalogue information online and providing easy overview options on the AU web site.

AU, and by extension Health, also share the ambition of establishing a national centre for research-based health consultancy. Such a centre would be an entryway through which to channel enquiries and requests from authorities seeking research-based information about topics that concern the health profession.

In addition, at AU Health we wish to become more involved in the scope and content of continuing (that is, further and supplementary) education. Today, continuing education in the medical field lies almost solely in the hands of the medical associations, in collaboration with the National Board of Health. We wish to contribute more by offering our expertise and facilities where they are relevant and generate value for such education activities for medical doctors. A criterion for our success will be the establishment of new courses that add value to the existing range of courses available to doctors seeking further education, and the provision of funding to pursue these activities beyond 2012.

Parallel to offering supplementary education courses, AU and Health wish to offer course activities (tying in with the other courses already offered at pregraduate level and in connection with our PhD programme) that target further education.

The efforts in supplementary education in the medical sciences must be planned in close collaboration with the medical associations, the Danish Health and Medicines Authority as well as the Central Denmark Region to ensure that the supplied courses correspond to the demand in the health care sector, which is in a state of constant change.

Continuing education for the other degree programmes at Health – for dentists, dental hygienists, dental assistants and dental technicians – are already in place. There is an ongoing effort to expand the quality and scope of these activities by utilizing other expert skills that we have at our disposal, internally at Health and elsewhere in the university’s other three main academic areas.

2. Reinforcing innovation and efficient knowledge exchange through flexible interaction with the world around us

AU Health is making a specific effort to strengthen relations and collaboration with the business community, public institutions, and other external partners. We extensively pursue initiatives relating to the core activity Knowledge Exchange, which runs across all four main academic areas, and where a working group is striving to optimize and coordinate relations with the business community.
The formerly mentioned Research Catalogue for AU Health targets businesses and other stakeholders. Going forward, this catalogue will be used to increase the visibility of Health’s expert research skills, and it will also serve as a window showcasing our capabilities to inform and attract external partners.

Interaction between researchers and companies must be increased with the aim of generating more formalized collaboration agreements, more industrial PhDs, and more patents and spin-out companies.

As a special activity, AU Health stimulates collaboration with the business community by supporting the approach known as Bio-X, jointly established by AU, Health, and the CDR. A criterion for success is that this activity comes to generate new product ideas for medical use through partnerships between different disciplines.

3. Influencing the community and society, political decisions, and culture

Above and beyond the measures mentioned previously to expand our assistance to authorities and participate through representation on boards and councils, Health would like to encourage staff to participate more in the public media debate, and to more readily make use of our communication department to “sell” our positive research stories, communicate research findings, results, and so on. The criterion for success here is that we see more positive stories in the media about the many activities at Health, thus increasing our visibility and our weight and influence.

Following the model described by the working group on alumni activities (a part of the core activity Knowledge Exchange), Health is also seeking to establish alumnus networks to maintain contact between the university and its graduates.

Education

Health has a proud and long-standing tradition for educating graduates who are highly skilled and highly sought after. For many years the degrees in medicine and dentistry made up the faculty’s education portfolio, and they still constitute some of Health’s most important core activities – not only because of the public recognition and acknowledgment these educations enjoy, but also because of the large number of students they attract. Health has also successfully established several new degree programmes, including new programmes targeting students holding a professional bachelor’s degrees (Master’s programmes in Nursing and Master’s programme in Health Science), the new Bachelor’s and Master’s programmes in Public Health and the new MSc programme in Molecular Medicine. Moreover, in the new AU structure following the recent reorganization, Health has been enriched with the MSc degree in Sport Science, and with the many educations offered by the School of Oral Health Care (dental hygienists, dental technicians and dental assistants). These numerous and varied education programmes have certain common goals (such as the desire to maintain high academic standards and help students thrive and grow) as well as individual challenges. The
general strategy at Health is to make sure that all degree programmes remain determined to offer the highest quality in terms of applicant recruitment and admission, teaching, leadership, and the graduates who leave after earning their degree. It is likewise a part of our strategy to make sure that each programme’s specific opportunities and challenges are handled with a uniform level of professionalism, attention, and concern.

Health has three main strategic goals for the core activity Education:

1. Offering study programmes that attract the best students from Denmark and abroad

There is both a domestic and an international component to this goal. From a Danish perspective, we wish to recruit only the best students. Traditionally our programmes are fortunate enough to have a large pool of applicants, meaning that we are at liberty to set goals for quality as well as quantity. Gathering and using evidence-based data, we aspire to take part in discussions about how to identify and admit the best applicants. That said, selective recruitment cannot stand alone. This is why Health will also make a systematic effort to retain students and reduce the time they spend completing their education.

We also wish to make our study programmes even more international. This poses a special challenge when offering profession-oriented degrees that mainly equip graduates for employment in the Danish health services. Firstly, however, the other programmes at Health are already well supported in their internationalization activities. Secondly, further internationalization in educating dentists and medical doctors can be achieved by offering classes in English; by promoting student mobility; and by increasing the number of summer-school programmes in English.

2. Exploiting AU’s disciplinary width and depth to develop programmes that reflect the needs of the future

Health has always engaged in frank and frequent dialogues with the public health sector about the educations and graduates it receives from us. Today the need for such close communication is more important than ever, as Denmark’s national health service is undergoing extensive structural changes. Factors like the growing proportion of senior citizens, technological developments, and the relatively larger share of patients being treated as outpatients will influence the knowledge and the skills that graduates of the future must possess. Dialogues are taking place in many forums, not least within the employer panels that exist for all degree programmes to consult with employers of AU graduates. Before any new programmes are established, dialoguing with these panels will be supplemented by systematic graduate and employer surveys for existing programmes, and with investigations of employment opportunities.
AU’s wide range of disciplines must be put to use internally within Health, and also externally through collaboration with the other main academic areas at AU and other institutions of learning.

3. Creating high-quality programmes and study settings based on innovative learning environments

Quality in education is a crystal with many facets, and Health aims to systematically polish them all. But certain facets are more critical than others: the involved parties (students, teachers, and leaders at various levels), how these parties interact, and what sort of graduates this produces. The students we admit must fulfil the necessary requirements; teachers must be well-qualified both as researchers and as educators; and leaders must act with professionalism and competence. These strategic goals will be methodically pursued. Furthermore, Health will strive to continuously optimize and develop our study settings and learning environments. This covers not only the physical conditions, but the mental environment as well, and on both counts we must strike a balance between preserving the sparkling facets that already exist, and introducing and burnishing new innovative facets based on solid evidence and valid requests. It is our wish that the study programmes at Health be regarded as some of the most stimulating and skills-generating options available, where education is handled by highly competent specialists.

Cooperation with the health services

Collaboration between AU Health and the Danish health services is integrated in the broadest sense of the word. Many aspects of the four core activities in our main academic area – research, talent development, knowledge exchange, and education – greatly depend upon our credible and mutually obliging interaction with the existing range of health services, most significantly within the Central Denmark Region (CDR). This intimate interaction rests upon two basic principles, namely:

- that basic research, clinical research, clinical developments, and patient treatment are inextricably intertwined; and
- that all university education, including that which takes place in hospital settings, is firmly anchored in research.

From a leadership point of view, this collaboration is overseen by LUR (the leadership forum for the University–Region cooperation) along with two coordination committees for the hospitals, and for public health issues in the CDR, respectively.

At the beginning of the validity period of the strategy, a well-developed collaboration with Aarhus University Hospital has successfully been established. Agreements have also been made to ensure expansion of this collaboration to also include regional hospitals and the public health field in the Central Denmark Region. During the strategy period, a major focus area at Health will be further enhancement of the strong partnership with Aarhus University
Hospital and development of new collaborative potential. In addition, a future challenge and opportunity for Health will be the increasing tendency to locate highly advanced infrastructure and specialised treatment in the healthcare services on the basis of research support. This calls for an even closer coordination between the development of the healthcare services and the core activities provided by the university.

The goals for our cooperation with the health services are supplementary in relation to the above goals stated for the four focus areas, which naturally also apply to fields such as clinical treatment and public health.

At AU Health, we have four main strategic goals in our cooperation with the Danish health services:

1. **Further development of university-related activities at Aarhus University Hospital (AUH)**
   We wish to further develop the already strong university-related activities taking place at AUH in the context of research, talent development, knowledge exchange, and education. This includes ensuring that there are viable academic environments and career paths for all health-science specialities, and that the treatments provided (and highly specialized treatments in particular) are supported by research.

2. **Strengthening of research and research-based teaching at the regional hospitals**
   We wish to strengthen the university-related activities taking place at the regional hospitals and regional psychiatry in the CDR (that is, outside AUH) in the context of research, talent development, knowledge exchange, and education, based on the agreements made to support this.

3. **Strengthening of cooperation with other health services provided under the auspices of the regional authority**
   We wish to strengthen our cooperation with other health services provided through the regional authority, including but not limited to the general practice sector, prehospitalization, and public health in general, based on the agreements made to support this.

4. **Support for the health services provided by municipal authorities**
   We would like to involve municipal authorities in research, implementation, and assessment projects that hold relevance for their health-provision tasks, most notably health promotion, preventive measures, and rehabilitation. The aim is to support them in carrying out their tasks.
5. Enclosure

Strategy Maps

- Research
- Talent development
- Knowledge exchange
- Education
- Cooperation with the Danish health services