Public Health Education European Review

Master of Public Health

The Department of Public Health
University of Tartu
Estonia

11 – 15 October 2004
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Executive Summary

As part of the continuing joint program between the Open Society Institute (OSI) and the Association of Schools of Public Health in the European Region (ASPHER) a request was made to undertake a PEER Review of the Master of Public Health at the Department of Public Health, University of Tartu in Estonia.

The responsibility for undertaking the Self Assessment report was given to Professor Raul Kiivet and Katrin Lang, who were assisted by a team of colleagues consisting of; Kersti Meiesaar, Eda Merisalu, Argo Soon, Krista Fischer, Kersti Pärna, Ene Indermitte, Liis Rooväli, Anneli Uusküla and Kaja Põlluste.

The visit was conducted by a review team composed of, Professor Stojgniew Jacek Sitko, Institute of Public Health, Jagiellonian University, Krakow, Poland (Chair), Prof. Ulrich Laaser, from the Bielefeld School of Public Health, Tom Kuiper, Faculty of Health Sciences Maastricht University and Julien Goodman, Program Manager at ASPHER. The meetings took place between the 11\textsuperscript{th} and the 15\textsuperscript{th} of October 2004 in Tartu, Estonia.

The Department of Public Health is situated within the larger University structure of the University of Tartu. The history of the University has seen a succession of influences which have reflected the political situation of the country, from the Swedish occupancy to the Russian. The Master of Public Health program that forms the focus of this study began life in 2000 and was a direct result of the need of the Ministry of Social Affairs to train the local Health Protection Inspectorate.

Although being situated within the faculty of medicine, the school enjoys a rarity among schools, namely that they are allowed to admit students from non-medical backgrounds who have come straight from bachelor degrees. Although at present the intake of these type of students is still theoretical, this aspect does provide a healthy framework for future development. This is going to be essential as the department faces change to it’s funding structures over the next two years.

The collaboration of the Ministry of Social Affairs in the creating the MPH demonstrates a very clear and positive relationship. What seems to be lacking is
rather a comprehensive national public health strategy that could help direct the
school over its activities. Such a strategy may, in future, help create a more healthy
and open working relationship of the school with other outside stakeholders of which,
at present, there are few.

The staff of the department show a comprehensive ability to undertake their teaching
responsibilities with many being trained outside of Estonia. However, on an internal
level there is a sense that the co-ordination of the staff and the parts of the
programme they teach could be concentrated upon, if anything else, to save the loss
of energy through such issues as duplication. The main focus here, is the informal
nature of much of the working ethic at the department. Although admittedly small,
the review team, time and again, came back to the issues of developing quality
management structures that would aid the school to evaluate and improve upon its
curriculum offerings and teaching.

The review team would like to express its sincere thanks for the level of openness
and friendliness that was shown towards it during the review. The school had
endeavoured to answer the many and varied questions of the team with the utmost
integrity and honesty and this was highly appreciated.
CRITERIA 1 The development and the Mission of the SPH

1.1 Creation.

The creation of the SPH can be seen in the context of the development of the University of Tartu and, as such, consisting of stages which have their origins starting nearly four hundred years ago. These stages are worth recapping.¹

*Academia Gustaviana 1632-1655*

This was the period of the first establishment of the University and the department of Hygeine in 1632 by the Swedish King Gustav II Adolph. According to the text the first research in medicine in Estonia belonged to the field of public health and was initiated in this period. These studies were conducted by Professor Johannes Raicus, a former professor of medicine at Uppsala University in Sweden. He was a staunch supporter of the views of Paracelcus and endeavoured to study the natural conditions of living and remedies used in popular medicine.

*Academia Gustavo-Carolinska 1690-1710,*

This period saw outbreaks across Europe of major epidemics including tuberculosis and puerperal fever. It was a time which dramatically saw the closure of the University of Tartu during ninety two years until it’s re-opening in 1802.

*Tartu University of the nineteenth century 1802-1890,*

This period saw the continual demise of the ancient feudal systems and a surge in scientific enquiry, principally being led by Germany. Estonia, along with the other Baltic states was one of the major channels of progressive western science through to Russia. This was, in part, due to the fact that many German educated scholars arrived in Tartu during this re-opening period. In 1842 a separate chair of State medicine was established bringing together forensic medicine, personal hygiene and medical policy. During the outbreak of Cholera in Tartu, sanitary conditions were studied, including the study of air, soil, water and milk. It was found that water was the main conduit for Cholera and, even at this point, public health interventions were instigated to combat the epidemic.

¹ http://www.arth.ut.ee/english/history.htm
**Imperial University of Jurjev 1890-1918,**
This period can be seen as existing in an epoch of severe Tsarist occupation and Russification in the Baltic states leading to the introduction in 1884 of the All Russian University Statute. This statute placed restrictive regulations on the University along with the imposition of Russian professors and the enforcement of Russian as the official language of instruction and teaching. In 1893 the official name of the University was changed to “The Imperial of Jurjev” and, in keeping with the Russian model, a chair of hygiene was created in 1895. However, during the turbulent upheavals in Russia in the period 1917 – 1918 the University was forced to close with the teaching staff of Russian origin being advised to return to Russia.

**National Tartu University 1919-1940,**
In December 1919 the University re-opened after Estonia had declared its independence one year earlier. As part of the 1920 peace treaty with Russia the property of Tartu University, which had hitherto been dispersed within Russia, was handed back to the institution. Along side the material retrieval, this period saw the return of several prominent scientists and a recovery of public health. Studies were conducted on public health issues ranging from drinking water, nutrition through to mental health. One of the aspects of this time saw a concentration on the “healthy individual” as opposed to health as a curative measure.

**Tartu University in the period of occupations 1940-1991**
As a consequence of the outbreak of war the university suffered the loss of its training staff, either by eloping or deportation. After the occupation years, we are told that no professional training of public health was carried out at the school although research did continue along the lines of a sanitary epidemiological model. The training of the department was restricted to the teaching of undergraduate medical, dentistry and pharmaceutical students. The school, until 1991, played the role of an interface between the Sanitary-epidemiology workers (called later the Health Protection Inspectorate) and the Russian education system. Students went through a selection process at the department but then went on to conduct their studies in either St Petersburg or Moscow.

The period from 1991 to the present day is continued under the subsequent section 1.3. of this review.
1.2. Mission
The mission of the department had been clearly stated in the Self Assessment Report (SAR) as, “to improve health and prevent disease in Estonian populations by acquiring, disseminating and applying public health knowledge”. Equally, the SAR states the aims of the programme as “to provide knowledge, skills and experience for expert decision-making, implementation of decisions, management and independent research and promotion in the fields of health care and public health.” During the interviews it became apparent that the creation and elaboration of the mission statement had only taken place during the SAR period but that most of the staff had been involved in its formulation. However, when questioned, the staff seemed to be aware of the objectives of the programme in a “round-about” way but were not overly confident in the more exact formulation of the mission. In this sense it was very difficult to see how such a mission statement could provide a clear focus for the team. Equally, the review team felt that the elaboration was rather vague and would need to be developed and disseminated to the entire department to give the staff a sense of understanding and ownership of the department’s and programme’s mission.

1.3. History of recent organisation
After Estonia had regained its independence in 1991 the concentration of public health was doubled in the curriculum of medical students and the staff of the department was doubled. The department of Hygiene was now completely reorganised and entitled the Department of Public Health. In 1996 the department, under the supervision of the then Director Astrid Saava, undertook a World Bank Health project which saw the disciplines of public health increased. In addition to the existing chairs in Health Care Management and Environmental and Occupational Health the Department established three new chairs in, Health Promotion, Epidemiology and Biostatistics and Health Economics. In 1998, Astrid Saava stepped down as Director and was replaced by Professor Raul Kiivet. Professor Kiivet stepped into the position at a time (1997-1999) which was seeing a transition in the development of the curriculum. During this time a working group had been established by the Ministry of Social Affairs to investigate professional training in public health, especially that of the Health Protection Inspectorate. It was found that this branch of the Ministry was lacking staff and this was being exacerbated by the
lack of training given to the existing staff. To address this problem a new two year Master of Public Health was proposed with the Department of Public Health being the responsible institution. During the years 1999-2000 the curriculum of the new MPH was developed and the first group of ten students was admitted in September 2000 with the subsequent first graduation taking place in 2002.

In addition to the MPH the school has been involved in teaching a MSc in public health (MScPH) which had been initiated 1998 and also short training courses through a consortium project called Brimhealth which saw collaborative training taking place throughout the countries of the Baltic rim.

Fitting this situation into a context of future development the school faces many challenges over the forthcoming years which are seen as a product of both state funding and changes taking place as part of the Bologna process. For the next two years the government will be paying for the entrance of fifteen students, however after this time though, the funding changes toward the Ministry of Education and Research and the funding perspectives will see a change from being input focussed to output focussed based on students graduating rather than the students admitted. This, in part, is due to the national policy of reducing the overall number of students which may be a prospective policy to accommodate the effects of the Estonian low birth rate. As part of the Bologna Process the school will need to integrate its MSc program between both the MPH and the Doctoral program.

1.4. Constituency, Organisational structure

The organisation chart presented to the team as part of the SAR was further elaborated during the review and these organisational aspects are elaborated in the following figures which show the department’s position within the University structure but also structure inside the department. Two major aspects were highlighted during this phase; the intake of students and the lack of certain functional structures within the department. As can be see the department is very much an integrated part of the University structure, being placed directly within the faculty of medicine. Although, the criteria and thinking of this type of structure dictates that the department should strive for greater autonomy there was found an important aspect of this structure which had not been seen in countries of a similar situation and this requires further elaboration to demonstrate how the team felt this was an incredible strength to the
department. Under the auspices of the so called “new public health” we note a branching out of the disciplines of public health to take into account the diverse role of public health in society beyond the simple hygiene or sanitary models. In turn this diversity of discipline requires a student intake which is equally diverse and not constricted to that of purely medical or physician based. However, this is generally very difficult for schools of public health in countries of transition (in this case, former soviet occupied countries) to attain. In the case of the department in question, although housed under the faculty of medicine, we note that the admissions policy allows for this diverse intake. This is demonstrated in figure 3 which shows that the intake to the MPH course can follow two tracks, one being a basic physician based entry but the other being a university degree attained entrance. The chart clearly shows that entrance on to the MPH can be achieved by either a basic medicine track (6 years) or a basic dentistry track (5 years) and also (at the bottom right hand corner) a University degree in a non specified discipline. To this extent, the team did not elaborate on the department striving for autonomy but, based on this uniquely positive aspect, the school should strive to remain, for the forthcoming years at least, within the present supportive structure of the university.

The review team did note however, that there was a lack of an advisory board in the department which did not take into account the stakeholder community in which it serves. With the funding in future years becoming more “output” focussed it was recommended to concentrate on generating an stakeholder advisory board to ensure that the department is being market led and, as such, filling the needs of the future employers. Apart from fulfilling this important service to society aspect the Department would also help to ensure that that the education received by students would enable them with a greater chance to find and occupy public health positions after graduation.

1.5. Training Programmes
The SAR details very well the existing training programmes in the school. These can be found on pages 12 and 13 of the SAR and also in annexes 8 and 9. Subsequent to this the review team were also informed of the Brimhealth programme and details of the short courses offered at the department can be found in Annex A. BRIMHEALTH was a ten year collaboration from 1993-2003 between the Nordic School of Public Health and universities in Estonia, Latvia, Lithuania, Poland and
Russia. The project was aimed at helping the countries of the Baltic rim create a critical mass of competence in Public Health and to exchange knowledge and experiences between the participants. The project was funded by the Nordic Council of Ministers and the Open Society Institute for the last three years.

Although the Brimhealth project has come to an end the department is now concentrating and co-ordinating a new project entitled “Baltic Health Training Network” which will see the involvement of ten countries disseminating short training courses. The department is expected to complete the short course on communicable diseases notably HIV/AIDS. This programme will enable students to travel around the ten countries and partake in courses such as the one mentioned.

1.6. Budget
The budget given as part of the SAR is reproduced here as table 1 for the purpose of further explaining the budget presented.

<table>
<thead>
<tr>
<th>Year</th>
<th>Undergraduate teaching</th>
<th>Master Programme</th>
<th>Research grants</th>
<th>Applied projects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Euros</td>
<td>Euros</td>
<td>No Euros</td>
<td>No Euros</td>
</tr>
<tr>
<td>1998</td>
<td>163,300*</td>
<td>0</td>
<td>6</td>
<td>42,000</td>
</tr>
<tr>
<td>1999</td>
<td>172,000*</td>
<td>0</td>
<td>8</td>
<td>82,000</td>
</tr>
<tr>
<td>2000</td>
<td>131,300</td>
<td>1,400</td>
<td>8</td>
<td>86,000</td>
</tr>
<tr>
<td>2001</td>
<td>120,600</td>
<td>16,800</td>
<td>7</td>
<td>68,000</td>
</tr>
<tr>
<td>2002</td>
<td>129,300</td>
<td>14,700</td>
<td>8</td>
<td>83,300</td>
</tr>
<tr>
<td>2003</td>
<td>123,500</td>
<td>11,600</td>
<td>9</td>
<td>94,600</td>
</tr>
<tr>
<td>2004</td>
<td>135,200</td>
<td>17,200</td>
<td>6</td>
<td>96,000</td>
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</table>

* approximately 60% of budget was financed from the World Bank Estonia Health Project

a. Master Programme: This figure applies to the combined sums of both the MPH and MSc programmes.
b. Research Grants: come from the Ministry of Education and Research
c. Applied Project funding: comes from the national Health Insurance Scheme and the Ministry of Social Affairs.
d. The total annual budget amounts to 290,000 euros.
e. Out of this budget approximately 60% is for staff costs.
f. Ten teachers on the payroll.

1.7 Institution and Programme Public Relations
As was highlighted in the text of the SAR, the main area of public relations is through the website of the school. When asked how the students had heard of the programme a variety of responses were recorded from being told by friends to finding the information on the website. Furthermore, when asked if the website contained enough information for the students to make an informed choice, some students said yes whilst others said no and that they had to follow up on the information by contacting the school directly.
Figure 1 – from website showing the faculty of Medicine within the structure of the university

Figure 2: The structure of the Faculty of Medicine  
(source: handout during review)

<table>
<thead>
<tr>
<th>Department of Anatomy</th>
<th>Department of Biochemistry</th>
<th>Department of Pharmacy</th>
<th>Department of Pharmacology</th>
<th>Department of Physiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Microbiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of pathological Anatomy and Forensic Medicine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRE - CLINICAL (PRE-MEDICINE) DEPARTMENTS</td>
<td>Department of General and Molecular Pathology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Nursing Sciences</td>
<td></td>
<td></td>
<td>Centre for Continuing Medical Education</td>
<td></td>
</tr>
<tr>
<td>Department of Cardiology</td>
<td></td>
<td></td>
<td>Department of Neurology</td>
<td></td>
</tr>
<tr>
<td>CLINICAL DEPARTMENTS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Surgery</td>
<td>Department of Pulmonology</td>
<td>Department of Paediatrics</td>
<td>Department of Obstetrics and Gynaecology</td>
<td>Department of Internal Medicine</td>
</tr>
<tr>
<td>Department of Haematology and Oncology</td>
<td>Department of Sports medicine and rehabilitation</td>
<td>Department of Stomatology</td>
<td>Department of Traumatology and Orthopaedics</td>
<td>Department of OtoRhino-Laryngology</td>
</tr>
<tr>
<td>Department of Dermatology</td>
<td>Department of Anaesthesiology and Intensive Care</td>
<td>Department of Polyclinic and Family Medicine</td>
<td>Department of Psychiatry</td>
<td>Department of Ophthalmology</td>
</tr>
</tbody>
</table>
Figure 3 Master of Public Health:
Entry requirements within the structure of the Faculty of Medicine

(source: handout during review)
Figure 4 Organisational chart showing the location of the Department and its component

Recommendations and Observations based on Criteria 1.

Observations

• The Mission statement appears to be incomplete and there is a lack of awareness and ownership by the faculty.
• Program does not involve external stakeholders
• The present spectrum of students has evolved from the initial HPI intake

Recommendations

• Mission statement needs to be elaborated, redefined, disseminated and internalised by all the staff
• Suggestion is to have an external board of advisors
• The future strategy of their studies should be discussed to clarify any future misunderstandings with the Ministry of Social Affairs - especially given the present/future intake of students
CRITERIA 2. External Environment

2.1. The needs for professionals in Public Health.

The MPH programme at the department, as previously stated, was established through a consultative process with the Ministry of Social Affairs MSA to specifically train members of the Health Protection Inspectorate. However, since that time it was not seen that the department had conducted a needs assessment which may become a matter of urgency over the forthcoming years given the change in funding status of the school. Once again, the review team expressed the use of an advisory board and also curriculum team/committee whose responsibility it would be to investigate the needs of the marketplace.

With regard to career guidance, many of the staff felt that this was a superfluous area as all of the students had entered the programme with existing careers. This was verified through interviews with the students. The review team felt that, along with greater co-ordination of the curriculum offerings, this aspect should be increased for the benefit of those students that may wish to follow alternative career paths after their studies.

2.2. The Ministry of Health (or other health authorities) and Health and Public Health services.

The review team recognised that the attitude of the MSA was very positive toward the school and that this had been proven through their collaborative efforts during the establishment of the MPH course. Unfortunately, however the team did not have the possibility to meet with the representatives from the Ministry. It must be stressed that this was due, in part, to the distance between the principal town Tallinn and the home town of the University (over two hours drive) and also, in part, to the shortage of staff at the ministry level.

The team had the chance however to meet with Maarike Harro, the Director from the National Health Development Institute who had been working previously for some years at the school. She had explained to the team that the Director of the department, Professor Kiivet had regular visits to the ministry and had forged good working relationships with them although, she said, that this was not easy. The team were also informed that there was not a national public policy for Estonia.
2.3. Other Ministries
As mentioned above in section 1.6., the Ministry of Education and Research was responsible for a large part of the research projects going through the school. Within the SAR the team was also informed that the department was among the top 25% of research units involved in biomedicine and health sciences.

Equally, in the SAR, the team were told of the school’s contribution to the Estonian National Environmental Action Plan and contributes to the training involved in this effort. This plan, unlike the non-existent Public Health Strategy, consists of the following ten priorities:

(1) stimulation of environmental awareness and environmentally friendly consumption patterns;
(2) promotion of clean technologies;
(3) reduction of the environmental impact of the energy sector;
(4) improvement of air quality, including reduction of transport emissions;
(5) improvement of waste management, reduction of waste generation, stimulation of waste recovery;
(6) clean-up of past pollution;
(7) sustainable use and protection of groundwater resources;
(8) protection of surface water and coastal sea; rational use of water bodies;
(9) preservation of landscape and biological diversity;
(10) modification of the built environment in line with human needs and environmental health requirements.

2.4. Contribution to informed public debate in PH issues
When the staff of the school had been interviewed about their work, especially the contribution of their research toward the "service to society" function of the school the school, they were told that most of the staff were involved in researching and publishing articles in International journals and often Estonian ones. However, the main thrust of this work was directed more to fulfilling the requirements of their posts than to contributing to an informed debate.
Moreover, one of the main aspects of this visit and briefly mentioned above was the observation that there was no overall strategy for public health existing at a national level. The team had heard some teachers express a concern that there was no leadership in the country in this respect. Having noted this, the team, recommended that the school and its staff should try and instigate moves towards developing their own strategy and to lobby the government as this might be also a good opportunity to strengthen the position of the school.

2.5. Universities

One of the aspects of this review was to consider how well the department was using different faculties within its own University and outside to add to the quality of their offering. Through the SAR, the team were told of how they were assisted by several departments in their university and also lecturers from outside of the University structure who were not, necessarily, academically focussed, for example, representatives from the MSA. An area that came to the team’s attention was again based on the future demand for students given that the funding structures were going to be changed in the future years. The suggestion was to increase the amount of management offered in the course for example by involving the Masters of Business Administration (MBA) department of the university. This question was also posed to the Dean of the faculty who looked on the idea favourably. The joint studies MPH-MBA once organized - can be an interesting offer and give the added value to both MPH and MBA students. This may also attract the “private” students.

During the interviews with the students, some of the interviewees expressed that the lecturing coming from the external non-academic trainers was perhaps not to a standard that they had appreciated.

2.6. Health and Public Health Professionals and their associations

Apart from the aforementioned interviews with the Director of the National Health Development Institute the team did not have the opportunity to visit any public health association and, as such, were not able to verify the extent or nature of co-operation in this field. The SAR however reports that over the last five years the departments has been responsible for hosting two meetings on Health Promotion and Occupational Health.
2.8 European Co-operation
With regard to European Co-operation the department had been involved with the previously mentioned BRIMHEALTH project (see section 1.5 above) and was also involved in co-ordinating a new project called the Baltic Health Training Network involving ten countries.

2.9. International Collaboration
The corresponding section in the SAR was missing and was not therefore available for review during the visit. There were no comments made during the visit either which led the team to believe that there were, in fact, no projects of this nature. The team suggested to the school that they consider to look for possibilities of additional funds from international programs

Recommendations and Observations based on Criteria 2.

Observations
1. There is no institutional competition in the country.
2. Seems that the external environment (Ministry of Social Affairs - MSA) look at the department very friendly (although it is understood that the MPH was started with the blessing of the MSA.
3. Infrastructure for Health Strategy development at the national level is missing as the corresponding department in the ministry of Social Affairs has limited manpower (3 persons) and the National Institute of Health Development as a merger has not the structure yet to co-ordinate and forecast and plan for health policy development.
4. A new project on continuous education for public health specialists is being co-ordinated by Tartu at this moment
5. Unfortunately have not had the chance to contact a representative from MSA

Recommendations
1. They might look for additional possibilities for additional funds possibly from international programs or self paying students in order to ensure a certain degree of independence from public funds as well as for strengthening the international cooperation enrich and enlarge the scope of contacts with abroad partners.
2. To continue to nurture the healthy relationship with MSA
3. Department might want to consider « taking the lead » in drafting a national strategy of their own without waiting for the government. Would like to see a consortia approach with external institutions for linking the expectations and needs of potential employers to the program development and to open the professional fields for the students.
4. As a school, we urge you to try and bring back the continuous training back in to this department.
3.1. The SPH: Director’s office and departments

The SAR notes that the Director of the department is elected upon a three year contract and is elected from the professors of the department by the Dean of the faculty of medicine and is not necessarily the public health specialist. From discussions with the staff it seems that the opportunity to fill this post relies on the amount of published academic work. The statutes highlighted in annex 6 of the SAR denote the necessary qualifications for the award of Professor. However, during the site visit the team did not have the opportunity to scrutinise the appointment procedures of the Director and were not shown any clear documentation to that effect.

The role of the director is quite varied and Professor Kiivet is involved in many activities connected to the department. During the interviews with the vice rector and Dean of Medicine it was apparent that they all had a very positive working relationship and that Professor Kiivet was highly respected within the University structure. The subsequent list details the amount and type of work that the present Director is involved in at present.

- Vice-Dean, Residency Training, Faculty of Medicine
- Professor of Health Care Management, Department of Public Health
- State Agency of Medicines, Senior Medical Consultant (part-time)

Research-related administrative positions

- Council of the Baltis Sea Public Health Training Network, Chairman
- Centre of Behavioural and Health Sciences, Member of Board
- Estonian Academy of Sciences, Member of Council of Public Health
- Estonian Science Foundation, Member of Expert Committee in Medicine
- Public Health Sciences Thesis Committee, Chairman, University of Tartu

Administrative and other responsibilities

- Committee on Reimbursement of Medicines, Ministry of Social Affairs
- Tartu University Clinics, Member of the Board
- Committee on Registration of Medicines, Vice Chairman, Ministry of Social Affairs
- Estonian National Programme Against Tuberculosis, Vice-Chairman

**Participation in Professional Bodies**
- International Society for Quality in Health Care
- European Association of Clinical Pharmacology
- Estonian Medical Association
- Estonian Society of Pharmacology
- WHO Drug Utilisation Research Group

During the interviews with the Vice Rector of the University and the Dean of the Faculty of Medicine the team were informed that there was an initiative to create a new post of Program Director to oversee the curriculum and, to some extent, break down the vertical hierarchical structures. The Review team felt that this would increase the quality of the curriculum offering through better co-ordination, communication and integration. One of the overriding observations made of the department was that there existed individual staff but that these staff and their duties were not co-ordinated which led to a very fragmented team ethos in the department along with much of the team being unsure of their roles and future in the department.

### 3.2. The Units
As expressed in the SAR there are five chairs of the department (listed below) but no other organisational units. From this visit and also highlighted in the National Accreditation, there was seen to be lack of co-ordinating units within the department which could not only break down the adopted vertical structures but also relieve the burden placed on individuals within this structure. As a result of this visit, it was recommended to use the remaining funds from the joint OSI ASPHER project to instigate a separate curriculum and quality management committee.

**Chairs of the department**
- Chair of Environmental and Occupational Health
- Chair of Epidemiology and Biostatistics
- Chair of Health Promotion
- Chair of Health Care Management
Chair of Health Economics

3.3. Task Forces and Sub Committees
Again, as referenced above there are no formal structures in the school only informal ones. During the early interviews and also in the SAR the team were informed that there were regular meetings of staff to discuss content, teaching and evaluation methods. However, on further investigation it was discovered that these meetings, held weekly on Wednesday mornings, were scientific seminars aimed at disseminating research findings and projects. Although this was recognised to be a valuable resource for the department’s research endeavours it was not seen as complementary to the overall curriculum. When directly questioned, the teachers explained that there was no mechanism in the department or, in fact, no way in which they were sure that their courses were not overlapping with other staff activities. Again, the appointment of a program director and also the foreseen training as part of the OSI ASPHER Program aims to resolve this issue by the creation of more formalised structures.

3.4. Faculty
The coherence of both the curriculum offering and the teaching methods are covered in the section directly above, namely, there are no structures at present but are foreseen. The pedagogical methodology is envisaged to be undertaken as part of the curriculum committee activities.

Recommendations and Observations based on Criteria 3.

Observations
1. There is a positive intention to create a role of Program Director at a University level to improve the quality of education
2. There is a very positive and supportive University environment
3. The limited autonomy of the department is not so much a problem given the supportive nature of the University structure
4. There is a vertical management structure within the department which hinders ownership on an individual level
5. Lack of student «voice »
Recommendations

1. Setting a program director for the MPH will increase the quality of the curriculum offering through better co-ordination, communication and integration
2. Continue to use this unique situation to reinforce development
3. Take advantage of the university structure - don’t sit back but seize the initiative!
4. To strengthen the participatory elements in the decision making processes (creation of horizontal structures within the department, for example the creation of autonomous curriculum and quality teams)
5. Establish and formalise student representation in the department to increase the quality of the program and to listen to your clients.
CRITERIA 4 Teaching Staff

4.1. Faculty Characteristics

4.1.1. Faculty size, composition and quality.

The review team were presented with the SAR which indicated that there were 25 persons in the department. However, the figures presented in the corresponding section only total 24 and in Annex 3 of the SAR, which gives the full breakdown of the staff, there are 26. Having been presented with Annex 3 during the meetings it is to be taken that there are 26 staff involved in the department. The SAR also presented the CV’s of the staff which demonstrated that many had international and European experience through their own academic training.

The following list details the faculty involved in the five different chairs as well as those involved in administrative duties.

**Administrative and technical support staff**

1. Raul-Allan Kiivet MD. PhD Professor
2. Karme Ama Secretary
3. Kaili Reinumägi Secretary
4. Ludmilla Jakobson Lab. Assistant
5. Endla Anni Lab. Assistant
6. Kaido Põlluste IT Specialist

**Chair of Environmental and Occupational Health**

7. Astrid Saava MD.
8. Eda Merisalu MD. PhD Associate Professor
9. Argo Soon MD. MPH Senior Assistant
10. Ene Indermitte MPH Researcher

**Chair of Health Promotion**

11. Maarike Harro MD. PhD Associate Professor
12. Kersti Pärna MD. MPH Senior Assistant
13. Aidula-Taie Kaasik MD. PhD Senior Research Associate
The team had not been presented with a full list of part-time or outside faculty but they had been given a supplementary chart detailing the workload of the individual faculty as well as the breakdown of the working time composition of each of the chairs. This can be found reproduced below as table 2. This information verifies the share working time, identified in the SAR, between internal and external staff, with external staff occupying 36% of total teaching time.

4.1.2. Faculty Workload
As mentioned the following table identifies the working loads of the teaching staff. During the meetings some staff had mentioned that they were overworked whilst others had noted that they were under worked. The view of the visiting team was
that, on a quantitative basis the hours worked were not overly heavy but acknowledged that on a qualitative basis the staff did feel overloaded. The recommendation based on this was that the department should have more description of workload planning and a clearer relation between formal and informal (formalised and mandatory) co-ordination and communication.

Table 2.

Academic teaching hours in the Department of Public Health during 2001-2003

<table>
<thead>
<tr>
<th>Workload (H)</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>Total hours during 3 years normative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Basic</td>
<td>MPH*</td>
<td>Basic</td>
<td>MPH*</td>
</tr>
<tr>
<td>Chair of Environmental and Occupational Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Astrid Saava</td>
<td>126</td>
<td>28</td>
<td>185</td>
<td>38</td>
</tr>
<tr>
<td>Eda Merisalu</td>
<td>221</td>
<td>25</td>
<td>288</td>
<td>24</td>
</tr>
<tr>
<td>Argo Soon</td>
<td>204</td>
<td>2</td>
<td>381</td>
<td>4</td>
</tr>
<tr>
<td>Ene Indermitte</td>
<td>32</td>
<td>120</td>
<td>10</td>
<td>61</td>
</tr>
<tr>
<td>Chair of Health Promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maarike Harro</td>
<td>178</td>
<td>80</td>
<td>18</td>
<td>50</td>
</tr>
<tr>
<td>Kersti Pärna</td>
<td>51</td>
<td>132</td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>Aidula-Taie Kaasik</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair of Epidemiology and Biostatistics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Krista Fischer</td>
<td>288</td>
<td>196</td>
<td>40</td>
<td>288</td>
</tr>
<tr>
<td>Anneli Uusküla</td>
<td>56</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair of Health Care Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raul-Allan Kiivet</td>
<td>94</td>
<td>138</td>
<td>2</td>
<td>144</td>
</tr>
<tr>
<td>Kaja Põlluste</td>
<td>214</td>
<td>136</td>
<td>4</td>
<td>160</td>
</tr>
<tr>
<td>Liis Rooväli</td>
<td>81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair of Health Economics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kersti Meiesaar</td>
<td>180</td>
<td>8</td>
<td>172</td>
<td>16</td>
</tr>
</tbody>
</table>

* includes MSc teaching load

Source: Handout given to the team during visit
Based on the table above, the Total hours during 3 years (2001-2003)/normative = 5958/6216 = 95.8%. This means that the teaching volume is below normative teaching obligation of staff, however, there is an uneven distribution of overload and “underload” as well as, according to interviews with staff and cyclic overload due to modular structure of curriculum. Nevertheless there is a perception of permanent overload probably because of non-participative assignments, of involvement into undergraduate medical teaching (>80%) and due to second jobs outside the department/university.

Proportion of teaching in MPH and MSciPH classes/total teaching (2003) = 299/1863+299 equals 13.8% whereas the lecturers from outside teaching in MPH/MSciPH (2003) equals 172/471 or 36.5%.

If teaching time is doubled for preparation, consulting and administration, during an average 31 term week at 5 days, the load for 12.5 inside staff is (299 x 2 : 12.5 : 31 : 5 = 0.3 hrs/day) and taking the total teaching time including undergraduate studies into account one arrives at (299 + 1863 = 2162) x 2 : 12.5 : 31 : 5 = 2.2 hrs/day

The total contact hours provided for MPH/MSciPH rose from 261 in 2001 over 266 to 471 in 2003, the latter figure corresponds to 31.4% of a 60 ECTS (Bologna) standard student workload of 1500 or 26.2% of 1800 (30 hrs per ECTS).

It would also seem, from student statements, that for every contact hour (during 9 term months 4 days per month at 8 hours per day: 9 x 4 x 8 = 288 hours) there is not more than 1 additional hour of unsupervised student workload. This would correspond only to 288/1500 = 19.2% contact hours and a true total student workload of 288 x 2 = 576 instead of 1500 hrs or 38.4%. If the final thesis is deducted, this gives 576/1125 = 51.2%. Furthermore, if the 2 year period with 120 ECTS is considered the result is the same: 576 x 2 / 3000 x 0.75 = 38.4%. However, if the student workload during 2 years is related to the standard of 1500 hrs it gives 576/1500 = 76.8%.

However, the programmes offered at the department are indicated as:
MPH: 7-15 students, 120 ECTS, 2 years, 25% for the thesis, 2 alternating tracks and

MScPH: 2-3 students, 120 ECTS, 2 years, 75% for the thesis, 5 tracks

In summary it can be concluded that for both programmes together the following calculation, excluding the theses, applies:

MPH $120 \times 0,75 + \text{MScPH }120 \times 0,25 = 90 + 30 = 120$ / 2 years = $60$ ECTS/year \times 25 hrs \times 0,33 contact hours = 495 contact hours to be provided for both programmes together, however, plus thesis supervision.

Based on this the team found the following conclusions:

- The offered total teaching capacity corresponds to the requirement for the 2 programmes offered. However, to get clarity, the entire system should be presented according to the Bologna Process.

- The teaching load per in-house staff member is low regarding the departmental programmes as well as the total load including undergraduate medical teaching.

- The teaching load is very unevenly distributed between the staff members.

- The subjective perception is that the teaching load is very high which can possibly be explained by deficits in horizontal management in the department (incl. bottom-up mechanisms and transparency) and by the assumed necessity to work on second and third jobs to earn enough money for a reasonable daily living of the family.

- It should be considered to reduce the total number of ECTS for MPH to the standard 60 during 1 year (thesis 12 credits) and so to gain capacity in order to develop new programmes (bachelor? Genetic Public Health?). However, from student statements it seems that there is a considerable discrepancy between the standard load and the realised load amounting to appr. 38,4% or 51,2% deducting thesis work from the total load. However, if the student work
load during 2 years is related to the standard of 1500 hrs it gives 576/1500 = 76.8%. Therefore recommendation 1) seems even more to be of relevance.

- The high participation of external lecturers is an asset if their contributions are carefully integrated by the course co-ordinators. They should be requested to present a coherent programme at the end of each term for the next one including as well a retrospective evaluation of the ending term.

- The co-operation with institutions especially those outside the academic environment and the national government (e.g. NGOs, health care, trade unions, chamber of commerce, medical chamber etc.) may be strengthened by formalising the participation of outside lecturers in terms of umbrella contracts at institutional level consortium, advisory board).

- A needs assessment and assessment of expectations of future employers (and rising their awareness) is mandatory.

4.2.4. Faculty Evaluation

Within the department there is an annual evaluation of the staff. The evaluation form for the staff list the areas of reporting that the staff must undertake and can be found in ANNEX 2. Once completed they have to submit these documents to the head of department. During the interviews the staff indicate that they were unsure of what happened to the reports after they had submitted them. The review team felt that a more effective use of these reports would add to the overall quality management of the course.

Recommendations and Observations based on Criteria 4.

Observations

1. Staff engagement, planning and development - it is not clear as to what percentage the staff give to different activities

2. There is an annual reporting cycle for teachers but the teachers are unsure of how they are being used
3. There is a difference between perceived and actual workload. There is no problem of overload on a quantitative program basis, however there is on a qualitative program basis, therefore should have more description of
   -i, Workload
   -ii, Planning
   -iii, Relation between formal and informal (formalised and mandatory) co-ordination and communication

4. Bologna Declaration would reduce workload by deleting the MSc

Recommendations
1. Staff development and planning should be institutionalised
2. Use evaluation tools – i.e. more institutional use of individual teacher self-evaluation reports as part of an overall quality management system
CRITERIA 5. Students and Graduates

5.1. Recruitment and Admission Policy

The website of the Department forms the main channel of communication between the potential student and the course. When interviewed there were students that said before applying for the course they were able to look on the internet and find a sufficient amount of information. The site contains both English and Estonian versions although it is understood that instruction is given in Estonian only.

The applicable website for the students (in English) can be found at http://www.arth.ut.ee/english/MPH_curriculum.pdf

The admission procedure is clearly stated in this document as: To be accepted as a MPH student applicants have to satisfy the following criteria:

1) general academic qualification: a bachelors degree or an equivalent in social science, biology, economics, or other specialities, or successful completion six years undergraduate study in medical science (M.D.), and

2) written statement about the public health speciality (an essay).

Students had also informed the review team that, when necessary, they were able to call the school informally and discuss the selection process.

The website also details what the target population of the course is:

"At the present, the largest target group of the MPH programme are the senior environmental health specialists that need retraining or people aiming to these positions after the large reforms in health protection services (environmental health). The second target group are the managers of health care institutions.

The main employers of Public Health professionals in Estonia are the Ministry of Social Affairs, Estonian Health Protection Service as well as Estonian Health Insurance Fund, and these institutions are also interested in employing public health students and could be expected to be interested in sending their own employees into the
management track or hire persons who have graduated in public health.

Concerning the target population of the MPH programme it is most likely that anticipated changes in the health care system or the society do not much change the target population. There is only one aspect where the target population can be expected to change and this is the educational background. Now the most of all students – 16 – are from medical fields, 15 doctors and one nurse, and only one’s background is biology. The staff of the Department hopes to be able to recruit also more students from nursing, psychology, sociology, technical fields or other disciplines.”

As mentioned earlier the admissions of the department allow for two tracks. One coming from the standard and basic medical education and the other coming from a “generalised” bachelor degree. This situation was seen as extremely positive and one which does not exist in countries in a similar situation of transition. When asked, however, there was no explanation as to why or how this situation came about. The only explanation given by the Dean of the Faculty of Medicine was that there was a lack of competition in Estonia and that decision making on matters of this nature could be undertaken autonomously through the University structure. This is given extra weighting when considering that the MSA is not seen to be giving explicit guidance on public health. Another issue is to consider the market study in order to determine where exactly the MPH graduates can enter the public/private health and healt-related sectors.

5.2. Coherence between admission and selection policies and the mission statement of the SPH.

The following table 3 is a reproduction of table 2 of the SAR which outlines the amount of applicants to the amount of admissions. As can be seen, every year, there are more applicants than places available. All places are subsidised by the state but, as mentioned earlier, this situation is due to change. Over the next two years the department will have funding for fifteen students whereas after there is an uncertainty as to the numbers subsidised when the funding becomes focussed on how many students the school is producing rather than accepting.
As the department has only recently developed its mission statement it is too early to indicate the coherence of the department’s admissions to the new mission statement. Having said this, in the past years of admissions the student body was focussed on the HPI intake and therefore there was a correlation between the mission of the department - to train the HPI – and the admissions policy.

Table 3. Numbers of applied and admitted students for MPH programme 2000 - 2003

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of applicants</td>
<td>16</td>
<td>9</td>
<td>16</td>
<td>20</td>
<td>61</td>
</tr>
<tr>
<td>Number admitted</td>
<td>10</td>
<td>7</td>
<td>7</td>
<td>10</td>
<td>34</td>
</tr>
<tr>
<td>Applicants per place</td>
<td>1.6</td>
<td>1.3</td>
<td>2.3</td>
<td>2</td>
<td>1.8</td>
</tr>
</tbody>
</table>

source: SAR page 25

5.3. Student Guidance to Studies

The review team found no concrete evidence of any formalised policy towards student guidance in their studies. As referenced in the SAR there were also no student handbooks. The initial pages of the website, for admission purposes, provide the clearest and most detailed account of the studies to be undertaken at the department. When asked, some of the students indicated that they were unsure about what they were learning on a weekly basis. However, it must be noted, that the students did not seem overly perturbed by this aspect. During a later interview with the lecturing staff it became apparent that there were more formalised curriculum outlines available which outlined the individual courses and their learning objectives. There were some examples (in Estonian) presented to the team although it became apparent that this aspect also lacked co-ordination. The review team advised the department that, with co-ordination, these individual subject overviews could be used for a student handbook, as well, as part of their quality management.

Equally, the department lacked any formalised (or even informal) career guidance. Again, this was understood to be a product of the department’s intake consisting of applicants that were coming from the working environment. However, as expressed throughout, the funding structures of the department are set to change and as such the department was advised to concentrate efforts in this area and especially for the students that may wish to use the master award to change career direction.
5.4. Students involvement in the decision making process
The team found no evidence of student involvement in the decisions made by the department. However, placing this in a context of the school’s and the country’s development it is not uncommon to see these rigid vertical lines of instruction and decision making. One of the recommendations of the team was to have the students elect a representative from their ranks who would be responsible for a line of communication between the students and the decision makers within the department. There was also recommended that the department should have formalised times set aside available for the students to ‘drop-in’. The faculty members should have the fixed hours when they are available to the students.

5.5. Effectiveness of the programme with respect to average length of study and number of graduates.
The team were informed through the SAR that there was a database within the department that kept records of student drop out rates. Given the small size of the department it seemed that the staff were informally aware of why students left but in no way integrated this into either the everyday course or into the admissions structures. Table 4 below is again a representation of a chart given in the SAR. One of the most striking aspects about the figures given is the reduction in the numbers not being able to complete their course. For example, within the student of cadre 2000 only two out of 10 finished their studies on time (20%) whereas this had increased by the 2002 to over 70%. The reasons given for these drop out were to do with the amount of time that the students had to complete the studies in relation to the amount of time required by their professional careers. During the interviews it also became apparent that many students were not finishing in the prescribed two year period but taking longer to finish. By contrast some students suggested that the teaching process might be more intensive during the time they are at the dept.
Table 4. Performance of the students by track and year of admission

<table>
<thead>
<tr>
<th>Year of admission</th>
<th>Speciality</th>
<th>Number of admitted students</th>
<th>Finished studies successfully in time</th>
<th>Ceased studies temporarily</th>
<th>Failed the programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>Health care management</td>
<td>10</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>2001</td>
<td>Health Protection</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>Health Protection</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>Health Protection</td>
<td>10</td>
<td>Deadline 31.08.2005</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: SAR page 25

5.6. Monitoring of the graduate population and use of their experience

In 2003, for the first time, a student questionnaire was developed to assess the satisfaction of the students and what activities they were involved after the completion of the course. The review team found this to be demonstrating a move forward by the school. However, this questionnaire was administered to students that had completed the course and there were suggestions made to perhaps conduct surveys after the completion of modules as many of the students felt that they were not consulted on how they felt about the quality of the programme they were undertaking. Equally, it remained unclear how the findings of this survey were being used by the department. As this was the first time that the department had done such a questionnaire and had investigated the findings it seems prudent to replicate the text here, although extensive, rather than in an appendix. It must be pointed out, however, that the sample size was only ten former students. This text, found below, comes from pages 25 to 28 of the self assessment and was generated and compiled by Ene Indermitte. Finally, as for the alumni association, there was no evidence given as to it’s existence but there seemed to be continual informal contact with previous students.
Findings from the student questionnaire:

All 10 persons answered the questionnaire and had an interview with the coordinator of the programme. 9 respondents were female and 1 male. The average age in starting Master studies was 39 years. The mean working experience was 16 years. 9 respondents had previous education in medicine (5 of them graduated Medical institutes in Moscow or St. Petersburg in the speciality of hygiene or epidemiology). 7 persons were working in Health Protection Services of Estonia.

All respondents were working during Master studies (only 2 had part-time jobs). 8 respondents found that working at the same time made studies complicated and they had sometimes difficulties in timely completion of learning tasks. There was not enough time to read all necessary learning materials or books. Most of the respondents did not have problems in their workplaces during Master studies and had the permission to be absent at work during study periods (about 4 to 6 working days in a month). One person reported that she had problems managing her work tasks. The persons working in Health Protection Services reported that sometimes the work in the named institution was impeded as many persons were absent at the same time and the employer had difficulties to organise work.

The main reason to start studies was the wish to improve knowledge in the field of public health and get new information. It was mentioned many times that the students were feeling lack of competence and there were no possibilities to get the education in the field of public health anywhere else in Estonia. Three respondents had got the recommendations to start studies from their workplace.

The general opinion about different aspects of Master studies was good. The knowledge of teaching staff about modern theories was evaluated very highly as well as the teaching skills of lecturers and the supervision of Master thesis. The balance between active learning and independent work was evaluated to be good. Students reported that independent work (seminar works and essays) was very useful and they would have liked to have more time for reading, but because of work it was complicated. The balance between different subjects was evaluated somewhat lower, but the opinions of changing the balance were very different and depended on the persons’ special interests. The teaching of practical skills was evaluated not so good, but it was not considered to be so important either. Nevertheless, in some courses, the importance of learning practical skills was of more importance to students (Risk assessment, Epidemiology and Biostatistics). The previous curriculum included also
Practical Assignment, in which students were taking part in the work of different institutions of health care system, Health Protection Services and Ministries. The organisation of work within Practical Assignment was evaluated low. Main reasons were the ambiguity of tasks between the Department, different institutions and students, as well as poor communication.

At the same time the importance of practical work was evaluated very high. The respondents mentioned that they had the possibility to get familiar with the health care system and operation and tasks of institutions and established good contacts with specialists. The students who were working in Health Protection Services did not evaluate it very useful as the cooperation between different institutions is their everyday practice. Practical Assignment course is missing in the new curriculum and as most of the future students are coming outside the health care system, it is very important to include practical work and introductory visits of different institutions into other subjects.

The quality of teaching was evaluated very highly in Foundations of Public Health, Environmental and Occupational Health and Epidemiology and Biostatistics. The lowest score was given to Practical Assignment and Legislation in Estonia and in EU. At the same time the importance of Legislation in Estonia and in EU course in their current job was evaluated high as well as importance of Foundations of Public Health, Epidemiology and Biostatistics and Biological Factors in the Environment. The students did not consider Health Sociology to be important in their current job. There was also some dissatisfaction about the teaching of the course. Main reasons were weak interactions with real life and the course being too theoretical and unclear.

There is not enough data about the specific courses in the track of health care management speciality because only one student has graduated by now.

The students reported that most important and interesting courses were Epidemiology and Biostatistics (reported in 7 cases), Principles and Methodology of Risk Analysis (5), Environmental and Occupational Health (3) and Legislation in Estonia and in EU (3). Less important course was Health Sociology (reported in 6 cases). The missing or not sufficient courses were Epidemiology and Biostatistics and Planning of Research Project. Although these courses are well represented in the curriculum the students feel that they need more time and practical exercises in these subjects as this is closely connected with their master thesis as well as with future jobs. Other subjects mentioned to be included in the curriculum were: Microbiology, Food safety and Nutrition, Budgeting and Principles of Management.
Most students reported that they had a lack of time for working with their Master thesis and that they need more time during last semester for compiling of master thesis. All students used the opportunity to take study-leave from work (their average salary maintained for 10 days), but most of them had to take also paid or unpaid leave from work to complete their thesis. By now the Department has tried to organise most of the courses during first 3 semesters in order to give students more free time to write their thesis.

The students were very satisfied with learning environment. The availability of teaching materials and possibilities of copying were sufficient. The choice of literature in the library was evaluated good and relevant for learning purposes. Although there is no special learning room or computer places for Master students, the students found the library to be very good for independent learning and they had always access to computer if needed (in agreement with staff members). All students had personal computers at workplaces and some students at them home. The availability of teachers for consultation was evaluated very good and there was no need for official consultation time. The availability and exchange of information about courses and organisation of studies was considered to be good. At the start of Master programme the information about courses and learning days was not very regular which made the planning of workload complicated. All students mentioned that as for the organisational level, the Master studies have improved a great deal during two years.

The accommodation was organised independently by students. Most of the students were staying with their relatives or friends during study periods. The possibilities to stay at the University dormitory was considered to be comfortable and with reasonable price.

All students found their Master studies to be very useful for personal development and for their job. The MPH increased their self-reliance and self-realisation. Five persons had an increase in salary after graduation and three persons had an improvement in a career or had the confidence to change for better job. All respondents would recommend master studies to others, but three of them would undertake these studies when having to decide again. The main reason is the difficulties to make master studies congruous with working at the same time.

Summary of the feedback questionnaire
The feedback from students was mostly positive. Most of the students mentioned that there have been many improvements in organisation and quality of studies during the two years operation of Master program.

**Strong sides**

- Learning facilities are very good and relevant for Master program. Main teaching is concentrated at the Department and there are good and sufficient technical and audiovisual aids.
- The Department’s library has a good choice of literature that covers most needs for master courses and thesis preparation.
- Most courses are considered relevant and important for future jobs.
- The balance between active learning and independent work has achieved a very good level in most of the courses.
- Knowledge of modern theories and the teaching skills of lecturers are evaluated very high.
- The availability of teachers for consultation and teaching information is good and there is lot of personal communication between students and teachers. The attitude of staff is friendly and supportive.
- The regular study periods (2-3 days-cycle twice a month) is most suitable for both working and non-working students.
- Master studies in public health give better career possibilities or salary for students.

**Weak sides**

- Many students are working parallel with Master studies, which takes much effort from students and makes the completion of either learning or job tasks a challenge.
- New curriculum does not include the course Practical assignment and there is a need to integrate fieldwork (or introductory visits to different institutions) into other courses.
- The balance of practical learning and independent work is not relevant in courses Epidemiology and Biostatistics and Planning of Research Project. Students need more practical exercises and more information about these subjects. The course content of Health Sociology needs to be revised in order to have more clear objectives and better outcome.
- The students do not have enough time to complete their Master thesis because they are working at the same time. Most of the students have to take special study-leave or holidays from work to write up their thesis.
• The use of teaching rooms is very tight and there is a need for more space. Although all students have good access to computer at their workplaces or homes, there is no special computer at the Department where Master students can use Internet or work during their stay at the Department.
• A regular feedback system about different Master courses completed at the Department is still missing. It should be implemented in the nearest future as it would help to develop and improve the content of courses.

Recommendations and Observations based on Criteria 5.

Observations
1. Student’s judge dept as friendly and staff easy to approach
2. Who is responsible for the coherence of the content of the program from which the school can resource plan for both internal and external teachers?
4. There is no handbook or career guidance.
5. Lack of student body.
6. Students are not fully aware of the potential benefit of program with regard to career development
7. Students expressed that they have not been asked about the quality of their education.
8. No clear formalised contact for the students in the dept

Recommendations
1. Need for description of the responsibility and expected workload of technical and the future program co-ordinator – if the co-ordinator is absent then there should be someone to replace them.
2. There should be a student “voice” representative as a contact point for the dept.
3. Although time is limited – should have time allocated for group discussion among students to deal with learning problems and overview of the dept.
CRITERIA 6 Training Programmes

6.1. Curriculum

The curriculum of the MPH was presented to the team as part of the SAR and is also available on the department’s website. The following table outlines the structure of the programme. As can be seen this consists of 80 Estonia credit points which is, as the department points out, equal to 120 ECTS. The intrinsic issues related to the credit point calculations are highlighted in the text and can be found above in section 4.1.2. As for the overall curriculum, the SAR quite clearly demonstrates that there has been a change in the curriculum after 2002. The new curriculum can be found below whereas the older version can be found in annex 8 of the SAR.

As can be seen, and also highlighted on the department’s website, the MPH training programme has three sub-specialities: environmental health, occupational health and health care management. The MPH degree corresponds to 80 credits. Postgraduate training in public health equates to 60 credits, including core and special modules of 40 credit points. In addition the practical assignment is worth 20 Estonian credit points. Individual study plans are drawn up between the student, the supervisor, and the head of the Department of Public Health. The MPH course requires the equivalent of two years full-time study, however, as pointed out in many of the interviews and the SAR, most students take longer to complete their studies (see also table 4 above).

The main difference that can be seen from these two curricula is the addition of two extra core modules, Planning of research project and Research seminar (together worth 7 credits) and also a recalculation of the total credit points. When interviewed about the research methodology offerings the team were told that the department only offers quantitative methodology through their Epidemiology and biostatistics module but, at present no qualitative methodology, although the team were told that this course is expected to start at the beginning of the new academic calendar. The team felt that the department should also reconsider their MPH curriculum with regard to the relative weights of key subjects, such as, Health Promotion and Management. Some expectations for risk management issues to be involved into the program have been noted. For the individual breakdown of the curricula please refer to the corresponding sections in the SAR.
As for the attendance, the students are required to be present at the department for working sessions lasting 16 to 20 hours two weeks every month. In practical terms this was Thursday and Friday. During the interviews, it was difficult to see when the students would or had attended more than these two days per week (equalling 16 to 20 hours)

**Master of Public Health (MPH), Curriculum since 2002**

The current curriculum of MPH was introduced in 2002 and the main difference from the previous one is that no practical assignment is included in the academic curricula. Instead, more emphasis is paid to core disciplines in public health.

**Table 5**

**1. Core module (32 credits):**

<table>
<thead>
<tr>
<th>Title of the subject</th>
<th>No of credits</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations of public health</td>
<td>5</td>
<td>exam</td>
</tr>
<tr>
<td>Environmental and occupational health</td>
<td>5</td>
<td>exam</td>
</tr>
<tr>
<td>Health sociology</td>
<td>5</td>
<td>exam</td>
</tr>
<tr>
<td>Human physiology and ecology</td>
<td>5</td>
<td>pass/fail</td>
</tr>
<tr>
<td>Epidemiology and biostatistics</td>
<td>5</td>
<td>exam</td>
</tr>
<tr>
<td>Planning of research project</td>
<td>4</td>
<td>pass/fail</td>
</tr>
<tr>
<td>Research seminar</td>
<td>3</td>
<td>pass/fail</td>
</tr>
</tbody>
</table>

**2. Special module (24 credits)**

**2.1. Environmental Health**

<table>
<thead>
<tr>
<th>Title of the subject</th>
<th>No of credits</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principles and methodology of risk analysis</td>
<td>4</td>
<td>pass/fail</td>
</tr>
<tr>
<td>The influence of the chemical and physical factors on the environment</td>
<td>4</td>
<td>exam</td>
</tr>
<tr>
<td>Biological factors in the environment</td>
<td>4</td>
<td>pass/fail</td>
</tr>
<tr>
<td>Environmental epidemiology</td>
<td>2</td>
<td>exam</td>
</tr>
<tr>
<td>Risk factors in the food, drinking water and air: influence on the human organism, methods of analysis</td>
<td>4</td>
<td>exam</td>
</tr>
</tbody>
</table>
### 2.3. Health management

<table>
<thead>
<tr>
<th>Title of the subject</th>
<th>No of credits</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health policy and health systems</td>
<td>5</td>
<td>exam</td>
</tr>
<tr>
<td>Quality management</td>
<td>3</td>
<td>pass/fail</td>
</tr>
<tr>
<td>Human resources management</td>
<td>2</td>
<td>pass/fail</td>
</tr>
<tr>
<td>Foundations of economics</td>
<td>4</td>
<td>exam</td>
</tr>
<tr>
<td>Occupational law</td>
<td>2</td>
<td>exam</td>
</tr>
<tr>
<td>Medical law</td>
<td>1</td>
<td>pass/fail</td>
</tr>
<tr>
<td>Health economics</td>
<td>3</td>
<td>pass/fail</td>
</tr>
<tr>
<td>Public administration</td>
<td>4</td>
<td>exam</td>
</tr>
</tbody>
</table>

The total number of credits (core and special modules): 56
The core modules (32 credits) are obligatory for all MPH students. The special module (24 credits) will be chosen according to the student’s speciality.

3. Elective courses - 4 credits (exam or assessment on a pass/fail basis)
4. Master thesis - 20 credits

Independent research work and writing the MPH thesis
The thesis is defended at a public disputation.

### 6.1.2. Organisation of practical assignments in connection with the theoretical part and full learning activity.

In the SAR the team were informed that the students were excluded from the possibility of exclusive practical training as a separate assignment. During the interviews there was a sense that the department did not necessarily consider this aspect as one of their highest priorities because the students were coming from practical employment positions, i.e. they were all working before entering the course.

However, on reviewing the curriculum prior to the change in 2002 there is evidence of a denoted practical assignment part of the course which was worth 20 credit
points. The change of curriculum saw this part of the curriculum dropped and its credits redistributed throughout the MPH programme.

6.1.3. Presence of culminating experience in the field of project planning or research methods.

As referenced above there was no sense that the department was offering an opportunity for the students to apply the skills learnt to a practical problem in public health. As regards research, the department clearly states in it’s entry requirements the necessity to undertake a research project as part of the MPH. In fact, an integral part of the admission strategy is to have the students write an essay on their prospective research. The research thesis is worth 20 credit points as part of the total curriculum.

6.1.4. Internal coherence between learning activities, educational objectives and student assessment methodology.

As previously referenced, the programme was instigated with the Ministry of Social Affairs to train the HPI. As regards to fulfilling or being related to an overall National Health Strategy it is impossible due to the lack of such a strategy existing (as mentioned earlier). Equally, the mission statement had only recently been formulated making it difficult to compare the objectives of the programme to an internal strategy. Inversely, the team found that there was no real co-ordinating ethos or strategy for the program above that of being or conglomeration of individually led courses. As referenced earlier, there does exist individual course outlines with stated learning objectives. The necessity for the school would be then to co-ordinate these objectives and to use the newly developed mission statement as the focus for their development.

6.1.5. Awarding of a final degree, officially recognised by the relevant professional bodies and usable on the labour market.

The official title of the MPH award is, in Estonian, Rahvatervishoiu Magister which, translated in to English is a Master of Public Health. This award is issued through
the University structure and is officially recognised. In addition to this award, the department also offer a Master of Science in Public Health which is called Teadusmaister (rahvatervis) in the Estonian language. In June 2004 both programmes underwent state accreditation through the Estonian Higher Education Accreditation Centre and both received “provisional” accreditation. The department also offers a specialised residency programme in Occupational Health and offers training for both undergraduate and PhD students. When asked about the employment promotion potential of the course, during the interviews, there was a sense that a potential advance in career status would only realistically be achieved through an academic structure.

6.2. Educational Approach

6.2.1. Existence of a clear policy with respect to the pedagogical methods used in the school.

There seemed to be contradictory evidence given in the SAR as to staff proficiency in pedagogic skills and a policy thereof from the management. On page 18 the following text is noted: “Pedagogical approach of the teaching staff. One of the shortcomings in teaching the Master students is the lack of formal organisation ensuring a coherent pedagogical approach of the teaching staff.”, whereas, on page 19 the text reads:” The teaching staff has good pedagogical skills and public health experience.” On review, the team found that there was no overriding pedagogical policy in the department and, as a result, team recommended that the school should establish the co-ordination of content and pedagogy of the program as well as consider the upgrade of the pedagogical skills of the lectures.

6.2.2. Typology of the teaching / learning methodology

Again, one of the main strengths of the program is the multi-disciplinary intake of the students, or at least the framework for a diversity. This was seen as very positive by the review team.

During the interviews it was not apparent that students were bringing their experiences into the classroom. There had been stated, in the SAR, that the department operates a problem orientated learning approach but seemed only to see case problems being given to the students by the staff in a very didactic form. Part of
this issue is addressed directly above by the lack of a clear pedagogic policy of the
department. Some comments that the teaching approach is too theoretical and too
much conventional “ex-cathedra” lectures are offered - have been noted from the
students.

6.2.3. Approach to student’s evaluation
The MPH curriculum, highlighted above, clearly states that there are examinations on
many of the courses. However it was not discerned during the interviews what the
breakdown or composition of these exams entailed. There was also a suggestion
made (although this was only briefly mentioned once) that the department was
moving away from exam based evaluations. The individual modules, as stated in the
SAR are evaluated on a six point scale which covers the verdicts from excellent to
fail which would seem to fit with the assessment criteria highlighted in the curriculum
(above, section 6.1.).

There was no clearly identified formal appeal mechanism for students and, equally,
no sample exam give to the team.

Recommendations and Observations based on Criteria 6.

Observations
1. There is only an informal co-ordination of program
2. There is an uneven teaching load between teachers. Some are overcharged and
some are not
3. No system for market forecasting which concerns potential or previous students
4. Non existence of Director of Studies
5. No philosophy or educational approach or what students expect from their
education – very individually driven
6. Credits – confusion over the calculation of credits (Estonian and European
versions) over contact hours and credits (see also Criteria 6)

Recommendations
1. There is a format per subject which could be the starting point for more
coordination of the program. The dept now has to use this format to achieve
objectives such as,
• Student Handbook
• Program Objectives
• Annual Review of the program (quality)

2. Equalise the program according to capacity of the dept
3. Reconsider MPH curriculum with regard to the relative weights of key subjects, such as, Health Promotion and Management
4. Determine the unsupervised student workload
5. Create English version of MPH (or some individual modules) to be competitive on the European Market
6. Recalculate the credit system in accordance to the Bologna declaration
7. Participation of external lecturers could be more positive by greater integration into the program.
8. Could use more experience coming from non-academic organisations in Estonia and local region.
10. Monitoring of student expectations
11. Establish the co-ordination of content and pedagogy of the program
11a Consider the upgrading training(s) for pedagogical skills for lectures
12. Market research for potential students
13. Come closer to the other departments within the University to:
   • To use available resources of the MBA, for example
   • Add to the curriculum offering
   • Students might be more willing to pay
14. Mission statement as a drive for studies
15. National and international context of the program should be borne in mind.
CRITERIA 7. Teaching / Learning Facilities

The Department of Public Health is situated on the fourth floor in the newly built "Biomedicum" building of the University. The building itself cost over 190 million EEK and was financed by a loan from the International Bank for Reconstruction and Development (IBRD) and also from the national budget. The building is five-stories high with a total floor space of 13,372 square metres. The building was opened in 1999 with a Conference "A Challenge To Healthcare in the new Millennium."

Biomedicum is a centre for the pre-clinical programmes and research work of the Faculty of Medicine, replacing many scattered and inadequate facilities. It houses the Faculty's Institutes of Anatomy, Biochemistry, Pharmaceuticals, Physiology, Microbiology, Pathological Anatomy, Forensics, Healthcare, General and Molecular Pathology including more than 30 Chairs or Research Groups. It also accommodates the State Agency of Medicines, a local forensics laboratory, Maarjamõisa Hospital departments of clinical autopsy, electronic microscopy and isotopes and a modern vivarium. (source: http://www.arth.ut.ee/english/biomedicum.htm)

The details of the physical size and structure of the department can be found in the corresponding sections in the SAR.

7.1. Library and Research Facilities

Most of the technical details of the library facilitates can be found in the SAR but basically put there is one small library space in the department which can also be used for group work. However, having said this, the team did note that there was not a sufficient space for students to work in groups if people were using the library. The opening hours of the library seemed to be flexible enough to accommodate the small numbers of students that required its use.

One of the main impressions over this criteria due to the amount of resources available for the students. Most of the acquisitions were made some time ago and the library was seen in need of a formalised purchasing policy to keep the literature up to date. Most of the literature was in English and had been purchased with the World Bank Loan. Equally, the department did not subscribe to full text access data bases on the internet which was seen as a hindrance to the student's learning. As for journals, the team noted that there was individual purchasing taking place but that
often these purchases would be kept by the individual staff and not stored or pooled in the library. The SAR did also make reference to other resources being available in the main university although the team did not have the opportunity to verify this information.

7.2. Computer Facilities
There are two main rooms available for students equipped with computers. One room has two computers and the other four. Although small, in the department, there as also another larger computer facility for students within walking distance form the main building. This facility had around sixty terminals available. There were no computer courses offered by the department and this was also indicated in the SAR.

7.3. Teaching rooms
There is only one main designated room available for teaching in the department. This room seats around twenty students and is equipped with white board, overhead projector and a computer and projector. The library (mentioned above) is also used for teaching purposes.

7.4. Residential Facilities
There are no special provisions made for residents through the department. There is reference to a student village in the SAR which is available for the Master’s students but the team did not visit these facilities.

7.5. Language Courses
Although much of the literature in the library is in English there is no specified course for the students as part of the MPH. The school’s position within the University structure does allow for students to take courses for free although time constraints were given as a reason why students didn’t participate in these courses.

7.6. Administrative Staff and 7.7. Student’s office.
As referenced in the SAR the MPH and MScPH is administrated with the help of one Co-ordinator, who is responsible for management and maintaining of documents and other materials, compiling of timetables, and disseminating information to Master students (this person is also undertaking her own research tasks and is also involved in some of the teaching of the department). In addition a secretary deals with the
technical aspects of the course such as, the paperwork and document preparation. Finally, there are two laboratory assistants who help the teaching staff students in copying and preparing study materials, room reservations and other technical help.

7.8. Teaching and Learning facilities
Please see introduction to this section

Recommendations and Observations based on Criteria 7.

Observations
1. Library seems to have problems accessing full text publications
2. Lack of journals is a problem
3. Difficult to purchase library resources for their needs
4. Journal procurement done on an individual basis and not dept level
5. Not enough facilities for students to work in group work
6. Noting budget restrictions – there should be a transparent policy on buying focussed on the needs of the students.
7. Problem is co-ordinating teaching due to lack of facility space
8. Annual prospective planning not transparent.

Recommendations
1. Launch a transparent procedure for procurement and to seek financial resources to purchase library resources
2. Staff should have fixed hours in which they are available for students
3. Pool personal resources, such as journals, so that they are available for students and other staff
CRITERIA 8 Research

8.1. The Students
During the interviews it was stated that MPH students have the opportunity to undertake research within existing research projects at the department, through the Work Environment Library, but that none had done so, so far. This was a different situation for the MSc students that were obligated to partake in existing research. Again, as stated previously, there were only quantitative research methodologies taught within the context of the MPH but that qualitative research methodology was coming on-line at the start of the new academic year. The team were also told that the two statistical software used were excel and a software called “R” which was unknown to the team. In the adjacent computer facilities (mentioned in 7.2. above) there was SPSS available although it was unclear if there were any training courses on this software.

8.2. The SPH
The list of funded research have been previously highlighted within the budget Table (1) in the above section 1.6.. At present, the review team were informed that there were between 10 and 15 ongoing research projects within the department and that there were specified researcher positions within the department. Most staff were involved in research although precise figures were not given and it was unclear how their individual research was being used apart from fulfilling their own job requirements. As such there seemed to be no ‘breakthrough’ of research into the service function of the department.

8.3. The Teachers
The SAR denotes how each of the individual chairs integrates research into their training and also the national and international contexts in which some of the teachers have been involved. Unfortunately, the review team did not have the opportunity to verify this information.

Recommendations and Observations based on Criteria 8.

Observations
1. There are special positions for researchers
2. Students can participate in research projects if they want.
3. Lack of co-ordination and coherence of research activity and priority setting and no departmental research strategy only individual interest.
4. Research not making breakthrough into service function
5. Proportion of competitive research low

Recommendations
1. There should be a co-ordinated approach to research led by the dept and not on an individual level
2. Development of national strategy with stated research priorities
3. Expand dissemination of research findings to enhance the school’s service to society function.
4. To have focus on what areas the research would be relevant, beneficial and in which the school would excel in.
CRITERIA 9 Institutional Quality Management System

The corresponding chapter in the SAR details how the staff of the school is required to fulfil professional requirements and job descriptions set by the University. However, this was not seen as particularly a quality management system of the Department but rather a legal requirement under the statutes of the University and the staff positions thereof. Apart from the student questionnaire that had been completed once by ten students, there was no evidence of a structural or systematic quality management system within the department. Equally, as the SAR points out, there has not been a system of ongoing or continuous training of the staff.

The present departmental perspective on QA is based upon informal coordination and an open-door policy for students. However, building bricks for a future institutional quality management system are apparent; like the developed alumni-questionnaire, the annual staff evaluation (p.31/32), and the content description per taught subject.

As a result two of the members of the team have agreed to continue working with the school over the forthcoming months in order that the school is guided into understanding the purpose of Quality and how it can be implemented. The initial drafting of this exercise can be found below.

Improvement of the existing tools and the realisation of new to be added tools within a QA framework should provide the programme management with a transparent and a rather simple structure, taking into account the limited manpower within the department. The QA system is not a mean in itself, but a support-system for the overall educational quality and structure of the educational committee. In this sense, the curriculum will gradually improve and be geared towards the qualitative and quantitative needs of society, students and external/internal stakeholders.

Note: on the central level a quality staff member is available for advice and support, fine-tuning the programme’s QA system within university regulations.
Recommendations and Observations based on Criteria 9.

Observations
1. Apart from the newly developed student questionnaire there was no evidence of a quality management system within the school

Recommendations
1. Need for external support for the management of the department
2. Changing indoor and outdoor environments need assessing and feedback into curriculum through curriculum committee, for example.
3. Delegating some functions of management to a group of people to enable team based decision making and co-ordination:
   - Educational Approach
   - Quality
   - Capacity Building (external)
   - Internal Capacity building
Recommendations of the PEER Review Team (feedback session)
The following are the observations and recommendations that form the content of the feedback session that was given to the school on Thursday 14th October 2004-10-25

Recommendations and Observations based on Criteria 1.

Observations
- The Mission statement appears to be incomplete and there is a lack of awareness and ownership by the faculty.
- Program does not involve external stakeholders
- The present spectrum of students has evolved from the initial HPI intake

Recommendations
- Mission statement needs to be elaborated, redefined, disseminated and internalised by all the staff
- Suggestion is to have an external board of advisors
- The future strategy of their studies should be discussed to clarify any future misunderstandings with the Ministry of Social Affairs - especially given the present/future intake of students

Recommendations and Observations based on Criteria 2.

Observations
1. There is no institutional competition in the country but relies on.
2. Seems that the external environment (Ministry of Social Affairs - MSA) look at the department very friendly (although it is understood that the MPH was started with the blessing of the MSA.
3. Infrastructure for Health Strategy development at the national level is missing as the corresponding department in the ministry of Social Affairs has limited manpower (3 persons) and the National Institute of Health Development as a merger has not the structure yet to co-ordinate and forecast and plan for health policy development.
4. A new project on continuous education for public health specialists is being created and being co-ordinated by Tartu at this moment
5. Unfortunately have not had the chance to contact a representative from MSA

Recommendations
1. They might look for additional possibilities for additional funds possibly from international programs or self-paying students in order to ensure a certain degree of independence from public funds
2. To continue to nurture the healthy relationship with MSA
3. Department might want to consider « taking the lead » in drafting a national strategy of their own without waiting for the government. Would like to see a consortia approach with external institutions for linking the expectations and needs of potential employers to the program development and to open the professional fields for the students
4. As a school, we urge you to try and bring back the continuous training back in to this department

Recommendations and Observations based on Criteria 3.

Observations
1. There is a positive intention to create a role of Program Director at a University level to improve the quality of education
2. There is a very positive and supportive University environment
3. The limited autonomy of the department is not so much a problem given the supportive nature of the University structure
4. There is a vertical management structure within the department which hinders ownership on an individual level
5. Lack of student « voice »

Recommendations
1. Setting a program director for the MPH will increase the quality of the curriculum offering through better co-ordination, communication and integration
2. Continue to use this unique situation to reinforce development
3. Take advantage of the university structure - don't sit back but seize the initiative!
4. To strengthen the participatory elements in the decision making processes (creation of horizontal structures within the department, for example the creation of autonomous curriculum and quality teams)
5. Establish and formalise student representation in the department to increase the quality of the program and to listen to your clients.
Recommendations and Observations based on Criteria 4.

Observations
1. Staff engagement, planning and development - it is not clear as to what percentage the staff give to different activities.
2. There is an annual reporting cycle for teachers but the teachers are unsure of how they are being used.
3. There is a difference between perceived and actual workload. There is no problem of overload on a quantitative program basis, however there is on a qualitative program basis, therefore should have more description of
   - i. workload
   - ii. Planning
   - iii. Relation between formal and informal (formalised and mandatory) co-ordination and communication
4. Bologna Declaration would reduce workload by deleting the MSc

Recommendations
1. Staff development and planning should be institutionalised
2. Use evaluation tools – i.e. more institutional use of individual teacher self-evaluation reports as part of an overall quality management system

Recommendations and Observations based on Criteria 5.

Observations
1. Student’s judge dept as friendly and staff easy to approach
2. Who is responsible for the coherence of the content of the program?
3. From that you can resource plan for both internal and external teachers.
4. There is no handbook or career guidance.
5. Lack of student body.
6. Students are not fully aware of the potential benefit of program with regard to career development.
7. Don’t feel that they have been asked about the quality of their education.
8. No clear formalised contact for the students in the dept.
Recommendations
1. Need for description of the responsibility and expected workload of technical and the future program co-ordinator – if the co-ordinator is absent then there should be someone to replace them.
2. There should be a student “voice” representative as a contact point for the dept.
3. Although time is limited – should have time allocated for group discussion among students to deal with learning problems and overview of the dept.

Recommendations and Observations based on Criteria 6.

Observations
1. There is an informal co-ordination of program
2. There is an uneven teaching load between teachers. Some are overcharged and some are not
3. No system for market forecasting which concerns potential or previous students
4. Non existence of Director of Studies
5. No philosophy or educational approach or what students expect from their education – very individually driven
6. Credits – confusion over the calculation of credits (Estonian and European versions) over contact hours and credits (see also Criteria 6)

Recommendations
1. There is a format per subject which could be the starting point for more coordination of the program. The dept now has to use this format to achieve objectives such as,
   • Student Handbook
   • Program Objectives
   • Annual Review of the program (quality)
2. Equalise the program according to capacity of the dept
3. Should reconsider MPH curriculum with regard to the relative weights of key subjects, such as, Health Promotion and Management
4. Should determine the unsupervised student workload
5. Creation of English version of MPH (or some individual modules) to be competitive on the European Market
6. Recalculate the credit system in accordance to the Bologna declaration
7. Participation of external lecturers could be more positive by greater integration into the program.
8. Could use more experience coming from non-academic organisations in Estonia and local region.
10. Monitoring of student expectations
11. Establish the co-ordination of content and pedagogy of the program
12. Market research for potential students
13. Come closer to the other departments within the University to:
   • To use available resources of the MBA, for example
   • Add to the curriculum offering
   • Students might be more willing to pay
14. Mission statement as a drive for studies
15. National and international context of the program should be borne in mind.

Recommendations and Observations based on Criteria 7.

Observations
1. Library seems to have problems accessing full text publications
2. Lack of journals is a problem
3. Difficult to purchase library resources for their needs
4. Journal procurement done on an individual basis and not dept level
5. Not enough facilities for students to work in group work
6. Noting budget restrictions – there should be a transparent policy on buying focussed on the needs of the students.
7. Problem is co-ordinating teaching due to lack of facility space
8. Annual prospective planning not transparent.

Recommendations
1. Launch a transparent procedure for procurement and to seek financial resources for that
2. Staff should have fixed hours in which they are available for students
3. Pool personal resources, such as journals, so that they are available for students and other staff
Recommendations and Observations based on Criteria 8.

Observations
1. There are special positions for researchers
2. Students can participate in research projects if they want.
3. Lack of co-ordination and coherence of research activity and priority setting and no departmental research strategy only individual interest.
4. Research not making break through into service function
5. Proportion of competitive research low

Recommendations
1. There should be a co-ordinated approach to research led by the dept and not on an individual level
2. Development of national strategy with stated research priorities
3. Expand dissemination of research findings to enhance the school’s service to society function.
4. To have focus on what areas the research would be relevant, beneficial and in which the school would excel in.

Recommendations and Observations based on Criteria 9.

Observations
1. Apart from the newly developed student questionnaire there was no evidence of a quality management system within the school

Recommendations
1. Need for external support for the management of the department
2. Changing indoor and outdoor environments need assessing and feedback into curriculum through curriculum committee, for example.
3. Delegating some functions of management to a group of people to enable team based decision making and co-ordination:
   - Educational Approach
   - Quality
   - Capacity Building (external)
   - Internal Capacity building
### ANNEX 1 BRIMHEALTH COURSE: Health Economics and Health Care Systems

**BRIMHEALTH/BISPH**  
Health Economics and Health Care Systems  
Timetable  
June 2 – 13 2003, Tartu, Estonia  
Course Leader: Kersti Meiesaar

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday 2/6</th>
<th>Tuesday 3/6</th>
<th>Wednesday 4/6</th>
<th>Thursday 5/6</th>
<th>Friday 6/6</th>
<th>Saturday 7/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.00 – 09.45</td>
<td>Welcome and introduction to the course</td>
<td>Basic economic concepts as applied to health care</td>
<td>Introduction to demand and supply analysis</td>
<td>The economic analysis of costs classification of</td>
<td>Market structures market structure, market failure</td>
<td>Home reading, preparing for next week</td>
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<tr>
<td></td>
<td>Course objectives and strategy</td>
<td>- The special features of health care</td>
<td>market forces</td>
<td>costs: total, average and marginal costs</td>
<td>provider – purchaser relationships</td>
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<tr>
<td></td>
<td>Kersti Meiesaar, Hannu Valtonen, Raul Kiivet</td>
<td></td>
<td>market forces in health care incentives again</td>
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<tr>
<td>09.45 – 10.30</td>
<td>The basic economic questions markets efficiency</td>
<td>Efficiency definition of efficiency incentives</td>
<td></td>
<td></td>
<td>Hannu Valtonen</td>
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<td>distribution and equality</td>
<td>Hannu Valtonen</td>
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<tr>
<td></td>
<td>Hannu Valtonen</td>
<td>Hannu Valtonen</td>
<td>Kersti Meiesaar</td>
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<tr>
<td>Coffee</td>
<td>Macroeconomic indicators and health expenditures of countries</td>
<td>Basic economic concepts – efficiency (cont.)</td>
<td>Elasticity</td>
<td>The economic analysis of costs marginal analysis</td>
<td>Market structures (cont.)</td>
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<td>11.00 - 12.30</td>
<td>Kersti Meiesaar</td>
<td>Hannu Valtonen</td>
<td>Kersti Meiesaar</td>
<td>Kersti Meiesaar</td>
<td>Hannu Valtonen</td>
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<td>Lunch</td>
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<td>Time</td>
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<td>Instructor 1</td>
<td>Instructor 2</td>
<td>Instructor 3</td>
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| 13.30 – 15.00 | Basic economic concepts  
demand and supply  
scarcity, choice, and the  
opportunity cost | Quality and  
efficiency | Market mechanism  
the markets  
mechanism and the  
social reality in  
former socialist  
countries | Costs and pricing (I) | Costs and pricing (II) |
|          | Hannu Valtonen | Kaja Põlluste | Hannu Valtonen | Kersti Meiesaar | Kersti Meiesaar |
|          | Coffee   |            |              |                |                      |
| 15.15 - 16.45 | Group work and discussion  
Hannu Valtonen | Group work and  
discussion  
Hannu Valtonen | Group work and  
discussion  
Hannu Valtonen | Group work and  
discussion  
Kersti Meiesaar | Conclusion of the  
first week  
HV and KM |
<table>
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<tr>
<th>Time</th>
<th>Monday 9/6</th>
<th>Tuesday 10/6</th>
<th>Wednesday 11/6</th>
<th>Thursday 12/6</th>
<th>Friday 13/4</th>
<th>Saturday</th>
</tr>
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<tr>
<td>09.00 - 10.30</td>
<td>Economic appraisal – types of analysis&lt;br&gt; H. Valtonen&lt;br&gt; R. Axelsson&lt;br&gt; R. Kiivet</td>
<td>Different Health Care Systems&lt;br&gt; R. Axelsson</td>
<td>Health Systems Research&lt;br&gt; R. Kiivet</td>
<td>Health economics and political matters economy and political power&lt;br&gt; H. Valtonen</td>
<td>Exam 9.00-13.00</td>
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<tr>
<td>11.00 – 12.30</td>
<td>Economic appraisal – examples&lt;br&gt; empirical studies on economic appraisal&lt;br&gt; H. Valtonen&lt;br&gt; R. Axelsson&lt;br&gt; R. Kiivet</td>
<td>Different Health Care Systems&lt;br&gt; R. Axelsson</td>
<td>Health Systems Research&lt;br&gt; R. Kiivet</td>
<td>Health technology assessment and decision making&lt;br&gt; K. Meiesaar</td>
<td>G.</td>
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<tr>
<td>Lunch</td>
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<tr>
<td>13.30 - 15.00</td>
<td>Distribution and equality in health care&lt;br&gt; equality and solidarity organisation of health care and equality&lt;br&gt; H. Valtonen&lt;br&gt; K. Meiesaar&lt;br&gt; R. Kiivet</td>
<td>Visit to Tartu University Clinicum Children Hospital, Lunini 6&lt;br&gt; H. Valtonen&lt;br&gt; K. Meiesaar&lt;br&gt; R. Kiivet</td>
<td>Health Systems Research&lt;br&gt; R. Kiivet</td>
<td>Health technology assessment and decision making&lt;br&gt; K. Meiesaar</td>
<td>Course evaluation and summary&lt;br&gt; K. Meiesaar&lt;br&gt; H. Valtonen</td>
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<tr>
<td>Coffee</td>
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<td>Time</td>
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<tr>
<td>15.15 - 16.45</td>
<td>Group work and discussion</td>
<td>Hannu Valtonen</td>
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<tr>
<td></td>
<td>Discussion about results of visit to Tartu University Clinicum</td>
<td>KM and HV</td>
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<tr>
<td></td>
<td>Group work and discussion</td>
<td>Raul Kiivet</td>
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<td></td>
<td>Conclusion of the second week</td>
<td>HV and KM</td>
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</table>

Teaching staff: Hannu Valtonen (HV) – Professor of Health Economics, University of Kuopio; Runo Axelsson – Professor, Nordic School of Public Health; Raul Kiivet – Professor of Health Care Management, University of Tartu; Kersti Meiesaar (KM) – Associate Professor of Health Economics, University of Tartu; Kaja Põlluste – Assistant Professor of Public Health, University of Tartu
ANNEX 2

GUIDELINES FOR EVALUATING CANDIDATES FOR UNIVERSITY OF TARTU PROFESSORSHIPS

I Excerpt from the University of Tartu Academic Staff Job Descriptions

Source: http://www.ut.ee/section=685/oid=1167

Academic positions

1. Professor

1.1. The Professor is in charge of the teaching staff in his/her speciality. He/she directs the activities of his/her chair and is responsible for advancing its research. The Professor determines the work assignments of the teaching staff, research fellows and employees of the chair. He/she plans and oversees the teaching of the speciality’s subject(s) as well as the research carried out at the chair. The main duties of the Professor consist in directing the chair’s graduate studies (in particular its Ph.D. programmes), and providing for the development of new academic generations. The performance of the chair’s graduate studies programmes constitutes the measure of the Professor’s qualifications as a scholar, director of studies and a teacher. The Professor’s work is assessed not only on the basis of his/her own achievements, but also those of his/her chair.

1.2. The Professor may teach on all academic levels at the University. However, his/her main area of responsibility is the teaching of speciality subjects in the chair’s graduate studies programmes and the supervision of Master’s and doctoral students. The Professor’s regular classroom workload is 128 academic hours (the average of 4 hours per week).

1.3. The Professor participates in drawing up curricula and is responsible for preparing the subject syllabi of the chair. He/she distributes the teaching load between the lecturing and research staff of the chair. The Professor ensures the presence of appropriate study aids and methods manuals for teaching the subjects offered at the chair, organising their preparation where necessary.
1.4. The Professor directs the research and development activities of the chair and makes arrangements for the means and materials required. He/she is in charge of the chair’s research direction and supervises junior lecturers where necessary. During his/her term of office (5 years) the Professor will conduct research equivalent to at least a doctoral dissertation. The Professor also develops cooperation agreements with other universities, invites visiting faculty (subject to availability of funds), etc.

1.5. The Professor will promote the continuing education of the chair’s staff and facilitate the growth of young academics. He/she will supervise the chair’s teaching by conducting classroom observation, arranging joint observations and staff seminars as well as taking other necessary steps. The Professor will arrange for the staff the opportunity of taking out a sabbatical semesters for research. He/she is also expected to contribute to the development of his/her speciality in Estonia, including the development of the speciality’s Estonian-language terminology.

II Excerpt from Guidelines for Evaluating Candidates to Positions of University of Tartu Teaching and Research Staff

General Provisions

1. Considering applications for positions of teaching and research staff, evaluation will look above all to the candidate’s competence enabling his/her to discharge the duties prescribed for the respective positions in the University of Tartu academic staff job descriptions.

2. The candidates will be evaluated in respect of their competence in research and development activities as well as their teaching, teaching methods and study aids. If the position applied for is one entailing administrative duties and requiring experience, the candidates will be evaluated regarding these too. In specialities awarding professional certificates or applied degrees, as well as in the creative arts, the candidates will be evaluated in their competence regarding their creative professional work in addition (or alternatively) to research and development activities.
3. In research and development activities (as well as creative professional work) the evaluation will look at the candidate’s hitherto performance, his/her publications and reputation, his/her success in securing the means and materials requisite for carrying out research and development (or creative professional work), his/her compliance with the obligations arising under research grants and contracts, as well as his/her experience in (research) administration.

4. In the sphere of teaching, teaching methods and study aids, evaluation will look at the candidate’s teaching activities (including advanced training and Open University courses) conducted at an establishment of higher education, his/her supervision of students (including graduate and Open University students), as well as the textbooks and study aids compiled by the candidate and his/her involvement in administrative activities relating to teaching (drafting of syllabi, curricula, etc.).

5. The candidate’s suitability for the position will also be evaluated with regard to his/her continuing education (above all in developing skills and acquiring knowledge required for research and teaching), his/her participation in the work of academic and administrative bodies and committees (also outside of the academia), his/her contributions to the popularisation of the speciality (profession), etc.

**Eligibility requirements for candidates**

6. **Professor**

6.1. The candidate will hold a Ph.D. conferred at an Estonian academic institution, or other equivalent academic degree.

6.2. The candidate will be competent to oversee the research (or creative professional work) of the chair and direct the chair’s programmes of graduate study (above all doctoral studies). He/she will be qualified to teach the subjects offered at the chair on all academic levels and supervise the teaching conducted at the chair. The professorial candidate will be capable of directing the work of the chair and contributing to the development of his/her speciality in Estonia.

6.3.1. A competent candidate will have conducted internationally recognised research in his/her speciality (or closely related field) equivalent to at least three doctoral dissertations.
6.3.2. The candidate will be consistent in his/her research activities, having within the 5 years preceding candidacy published internationally recognised work equivalent to at least one doctoral dissertation.

6.3.3. The candidate is expected to be successful in securing and administrating research grants.

6.4.1. Candidates applying for positions entailing teaching responsibilities must present a venia legendi and provide proof of teaching experience in an establishment of higher education equivalent in scope and level to at least two years’ work in an Associate Professor’s position, including experience of supervising the work of graduate students (ideally also doctoral students).

6.4.2. A good candidate will have experience in compiling textbooks or monographs, including those intended for undergraduate (full-time) students.

6.5. A good candidate will have administrative and organisational experience.

6.6. Where a candidate stands for re-election, the expert assessors and the Faculty Council will thoroughly analyse and assess the candidate’s work in heading and developing the chair (especially as regards the organisation of graduate studies and the facilitation of the growth of young academics) during the 5 years preceding candidacy. The Professor will have supervised successfully defended Master’s and doctoral theses and maintained an acceptable performance of graduate studies at the chair. Exemptions from this rule may be granted by the Academic Committee of the University Council.

13. Requirements specific to certain specialities

13.1. In clinical specialities, professorial candidates will hold the highest-ranking (exceptionally, second highest) practice licence applicable in their speciality (or a closely related field).

13.2. In the creative arts, candidates may also be artists not holding Ph.D. or equivalent degree. The professional achievements of such candidates will be considered on an equal basis with research. Professorial candidates are expected to command international renown.
13.4. Involvement in legislative drafting will be regarded as equivalent to the exercise of a creative profession provided the draft texts or Acts of Parliament resulting therefrom are considered important.

**Implementation of the requirements**

15. Additional information to be submitted by professorial candidates

15.2. A Professor applying for re-election will include with his/her application a report of his/her chair’s work during the 5 years preceding candidacy. The report should be formatted as outlined in Annex 3.

15.3. Professorial candidates should include with their CV the names and contact information of three referees who may be called upon to provide information on the candidate’s professional performance.

16. Requirements applicable to candidates’ publications

16.1. Publications are regarded as international if they meet the requirements set forth in the University of Tartu Statute of Academic Degrees with respect to publication of doctoral studies research.

Such publications will have appeared in:

1. journals indexed in the Science Citation Index, Social Sciences Citation Index, Arts and Humanities Citation Index;

2. journals indexed in the major databases and indices of the speciality, such as Current Contents, Medline, Geographical Abstracts, Chemical Abstracts, Mathematical Reviews, Humanities Index, Historical Abstracts, etc.;

3. monographs or collections of articles published by internationally reputed academic publishers (such as Academic Press, Springer Verlag, Wiley, etc.).

16.2. The candidate will list publications meeting the requirements stated in 16.1. under the second head in his/her CV and his/her list of academic publications. Where applicable, such a list should be drawn up by expert assessors (in applications for the positions of Lecturer, Assistant Lecturer, Teacher or Research Fellow, by the immediate supervisors of the respective positions).
16.3. Where the expert assessors in their report so suggest, the following publications may qualify as academic: new translations of the Bible or parts thereof, translations detailed with scholarly commentary, the text of a draft law or an Act of Parliament drawn up in full or in part by the candidate, scholarly commentary of an Act of Parliament, an original university-level textbook.

16.4. The Committee of Expert Assessors may consider as an international publication any publication regarded as significant from the point of view of the Estonian society, economy or national culture, if such publication has not appeared in a format meeting the requirements established under 16.1. The Committee may so consider also publications repeatedly cited in leading academic journals of the speciality.

17. Exemptions

17.1. In electing Professors, reasonable exemptions may be granted in regard of the candidate’s teaching experience (6.4.1) and the candidate’s performance as a supervisor (6.6).

17.3. The grant of an exemption will be determined by the Academic Committee.

III Excerpt from the University of Tartu Statute of Academic Degrees

Requirements applicable to doctoral dissertations

18. The dissertation must be an independent study presenting a well-argued original solution to an important issue in the speciality. The dissertation will include the following:

1. an overview of the nature of the research problem;
2. a description of the method of the study;
3. the hypotheses presented for defence;
4. a conclusion.

19. Successful defence of a doctoral dissertation presumes at least three prior research publications in leading international journals, including:
1. journals indexed in the Science Citation Index, Social Sciences Citation Index, Arts and Humanities Citation Index;

2. journals indexed in the major databases and indices of the speciality such as Medline, Humanities Index, etc.

3. monographs or collections of articles published by recognised international science publishers such as Academic Press, Springer Verlag, Wesley, etc.

4. publications repeatedly referred to in leading academic journals, in their essence meeting the requirements applicable to internationally recognised work in the speciality.

The required number of publications may be reduced if the author has made a major contribution to the field or the publication has appeared in a highly reputed speciality journal.
## ANNEX 3

**PEER Schedule: Tartu, Oct 11 to 15, 2005**

### 1st day - Tuesday Oct 12th

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Criteria</th>
<th>person A</th>
<th>person B</th>
<th>person C</th>
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<tr>
<td>09.00-10.00</td>
<td>Briefing</td>
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<tr>
<td>10.00-11.00</td>
<td>Introduction</td>
<td></td>
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<tr>
<td>11.00-13.00</td>
<td>Teaching staff - Faculty characteristics</td>
<td>Eda Merisalu</td>
<td>Kersti Meiesaar</td>
<td>Astrid Saava</td>
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<tr>
<td>13.00-14.00</td>
<td>Lunch</td>
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<td>14.00-15.00</td>
<td>The development and the mission of the SPH</td>
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<tr>
<td>15.00-16.00</td>
<td>Training programs - Educational approach</td>
<td>Kaja Pölluste</td>
<td>Ene Indermitte</td>
<td>PhD students in Public Health</td>
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<tr>
<td>16.00-17.00</td>
<td>Institutional Quality Management System</td>
<td>Kaja Pölluste</td>
<td>Kersti Meiesaar</td>
<td>Taavi Lai &amp; Liis Merenäkk</td>
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### 2nd day - Wednesday Oct 13th

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<th>person B</th>
<th>person C</th>
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<tr>
<td>09.00-10.00</td>
<td>Briefing</td>
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<td></td>
</tr>
<tr>
<td>10.00-11.00</td>
<td>Teaching/ Learning facilities</td>
<td>Ene Indermitte</td>
<td>Taie Kaasik</td>
</tr>
<tr>
<td>11.00-12.00</td>
<td>Students and graduates</td>
<td>Irma Nool, Hans Orru; MPH students Year 2</td>
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<tr>
<td>12.00-13.00</td>
<td>Lunch</td>
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<tr>
<td>13.00-14.00</td>
<td>Research</td>
<td>Anneli Uusküla</td>
<td>Diva Eensoo</td>
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<tr>
<td>14.00-15.00</td>
<td>Training programs - Curriculum</td>
<td>Krista Fischer</td>
<td>Kersti Pärna</td>
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<tr>
<td>15.00-16.00</td>
<td>Training programs - Educational approach</td>
<td>Kaja Pölluste</td>
<td>Ene Indermitte</td>
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### 3rd day - Thursday Oct 14th

<table>
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<tr>
<th>Date/time</th>
<th>person A</th>
<th>person B</th>
<th>person C</th>
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<tbody>
<tr>
<td>Time</td>
<td>Session</td>
<td>Speaker/Representative</td>
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<td>08.30-09.45</td>
<td>External environment</td>
<td>Maarike Harro, Assoc Professor &amp; Director, National Health Development Institute</td>
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<tr>
<td>10.00-11.00</td>
<td>Internal Organisational Environment</td>
<td>Prof Tõnu Lehtsaar, Vice-Rector on Academic Affairs</td>
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<tr>
<td>11.00-11.30</td>
<td>Students and graduates</td>
<td>Master students in Public Health Year 2 Argo Soon</td>
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<tr>
<td>11.30-12.00</td>
<td>Students and graduates</td>
<td>MPH graduates Irina Filippova, Mare Remm</td>
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<td>12.00-13.00</td>
<td>Lunch</td>
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<td>13.00-14.00</td>
<td>Working session experts</td>
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<tr>
<td>14.00-15.00</td>
<td>Internal &amp; external Environment</td>
<td>Raul Kiivet, Head of Department of Public Health</td>
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<tr>
<td>15.00-16.00</td>
<td>Working session experts</td>
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<tr>
<td>16.00-17.00</td>
<td>Feed back Session</td>
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Raul Kiivet is in Tallinn on Oct 13 and 15. Maarike Harro is available in Tartu only on Thursday, Oct 14th, from 9 to 11
Eda Merisalu in Tartu on Oct 12 until 12:00 and on Oct 14th. Kaja Põlluste is in Tallinn on Oct 14. Argo Soon in Tartu only Oct 14th
Annex 4: List of PEER Review team members & Curriculum Vitae

List of PEER Review team members

Associate Professor Stojgniew Jacek SITKO Ph.D., Institute of Public Health Jagiellonian University, Poland.

Professor Ulrich Laaser, Head of the Section of International Public Health, Faculty of Health Sciences, University of Bielefeld

Tom KUIPER Tom M.P.H. Senior Policy Advisor, Faculty of Health Sciences at Maastricht University, The Netherlands

Thierry Louvet, Executive Director, ASPHER, Saint-Maurice, France

Julien Goodman, Program Manager, ASPHER, Saint-Maurice, France
Stojgniew Jacek SITKO Ph.D.

Personal data: born in 1957, Polish nationality, married, 4 children.
Professional status: Associate Professor at the Institute of Public Health Jagiellonian Univ. Poland.

Key:
• teacher of management and public health at the Jagiellonian University
• deputy director of the first School of Public Health in CEE region 1994-96
• main co-founder of the Journal Health & Management - first such Polish periodical (1999)
• adviser to the MOH for 2.2 Mecu Phare allocation for management programs in Poland in 1995-6
• chef of group of experts by MOH for the TOR preparation for EU founds in management 1994-6
• member of the Board of Foundation of Public Health 1994-00, now in EB of Health & Management Co.
• formal consultant of over 40 projects concern the health care sector reform all over the country
• founder of the first Public Health Consultants Group in Poland in 1998
• director of a Tempus program and USAiD task force, coordinator of SPH international cooper.
• consultant of Project HOPE executive programs in health care management - from 1995

Language skills: English and French-fluent, German-v.good, Russian-good, Polish - mother tongue.

Academic record:
• author or co-author of 42 publications and co-author of 5 books in public health and management
• currently - teacher of 5 regular courses in BPH and MPH programs at Jagiellonian University and
• teacher of 3 regular courses in post-graduate program in Public Health at Jagiellonian University
• tutor of 26 master or bachelor thesis in the field of public health - finished up to now
• author of programs for 6 courses for MPH., BPH. and post-grad. studies currently taught
• visiting professor at Academy of Economics in Kraków and Politechnical University in Zabrze
• member of the Scientific & Develop.t Committee of Health Protection Dept. Jagiellonian Univ.
• co-author of the of the MPH and executive post-graduate programs currently taught at Jagiell.U.
• lecturer in World Bank, Phare, USAiD programs for health care executives (from 1993 up)

Aspher activities:
• Member of the Aspher Accreditation Committee 2001
• Co-organiser of the Aspher 1994 Conference and General Assembly in Kraków, Poland
• Formal representative of Institute of Public Health at the General Assemblies in 1999 and 2000
• Active participation with presentations in Aspher Annual Conferences from 1995 on
• Member of the Revising Committee of the I-JEPH (1999-)

**Education record** in brief:

- School of Public Health Harvard University, Boston, USA - Managing Health Programs in Developing Countries - Executive Program, 1996
- School of Public Health and School of Management Univ. of Massachusetts Amherst, USA, joint MBA program with Jagiellonian University, 1994
- Boston College, Columbia Univ., Univ.of Hartford, UMASS, USA, complementary program to MBA in Strategic Management and Ethics, 1993 and 1994
- Technical Univ. AGH - Kraków, Poland, Ph.D in 1994, M.Sc. in 1980
CURRICULUM VITAE

Ulrich Laaser, Prof. Dr. med., D.T.M.& H., M.P.H.,

born Febr. 1, 1941 in Königswusterhausen near Berlin,
marrried, two daughters.

Scientific and professional career:

Jan. 1, 1998- Head of the Section of International Public Health, Faculty of Health Sciences, University of Bielefeld
   - Postgraduate public health training programmes in Palestine and South Eastern Europe (Stability Pact)
   - Public health information systems & public health telematics
   - Burden of Disease studies & priority setting for health policy
   - Benefit to cost analyses
   - Cardiovascular epidemiology

Sept. 1, 1997 Interim-Chair of Health Sciences at the University of Applied Sciences in Bielefeld, Dept. of Nursing and Health (until Aug. 31, 2002)
   - Nursing science and public health nursing

March 1, 1994- Appointment as Director at the Institute of Population Research and Social Policy at the University of Bielefeld
   - Epidemiological scenario analysis
   - German stroke screening programme (German Stroke Foundation)
   - Health reporting & monitoring

Jan. 2, 1993 Certificate of Epidemiology of the German Epidemiological Association (DAE)

March 16, 1989- Appointment as Professor (§11.2 WissHG) at the University of Bielefeld: postgraduate study programme (since 1989) at the faculty of health sciences (since 1994), research programme on public health (since 1991); inter alia chair of the Working Group of Social Medicine and Epidemiology (1994-1998) and Deputy Dean of the Faculty of Health Sciences (1994-1997)

Feb. 23, 1988 Acknowledgement as Specialist for Social Medicine
Dec. 2, 1987  Appointment as Adjunct Professor (apl.) at the University of Cologne

April 2, 1986  Head of the Institute for Social Medicine and Public Health (IDIS, later Loegd) in Bielefeld (until December 31, 1994):
   - State health reporting & monitoring

Jan.1, 1980  Head of the Department of Epidemiology of the German Institute for High Blood Pressure Research (later: Institute for Prevention and Health Research, IPG), Heidelberg (until March 31, 1986):
   - German Cardiovascular Prevention Study (GCP)
   - National Blood Pressure Program (NBP)
   - International Study of Salt and Blood Pressure (INTERSALT)

June 11, 1980  Venia legendi for Epidemiology in Internal Medicine at the University of Cologne

Jan. 13, 1978  Acknowledgement as Specialist for Internal Medicine and Tropical Diseases

Jan. 1, 1973  Research assistant at the II. Chair for Internal Medicine of the University of Cologne (until December 31, 1979):
   - International Multicentre Trial of the European Working Group on Hypertension in the Elderly (EWPHE)
   - Cologne Study on the Cardiovascular Risk Profile in Adolescence

Oct. 1, 1970  Programme Antituberculeux, Dept. de Tahoua, Niger, Africa and organisation of vaccination campaigns

June 5, 1970  Master of Public Health (MPH), School of Hygiene and Public Health, Johns Hopkins University, Baltimore, USA

Oct. 31, 1969  Diploma of Tropical Medicine and Hygiene (DTM&H), London School of Hygiene and Tropical Medicine

Sept. 18, 1967  Dissertation on acclimatisation to heat (a self-trial), University of Tübingen

June 1, 1960  Study of medicine at the universities of Berlin, Freiburg, Hamburg and Prague

Feb. 22, 1960  General certificate of education at the Kant-Gymnasium in Berlin-Spandau
Research-Interests:

International public health and health sciences
Infectious disease epidemiology, esp. tuberculosis
Public Health Nursing
Public health telematics & health information systems
Health monitoring and reporting
Scenario- and benefit to cost analyses
Priority setting for health policy & burden of disease studies
Epidemiology and prevention of cardiovascular diseases
Community intervention studies

Scientific publications: More than 300

Awards: Hufeland-Price 1978 for the work on "The Determination of Cardiovascular Risk Factors in Early Detection Programmes for Urban Adolescents."

Board Memberships (selected):

Das öffentliche Gesundheitswesen, Editorial Board (1990-95)

Association of Schools of Public Health in the European Region (ASPHER) (1991-96), president (1993-95)

Founding member and president (1997-2001) of the German Consortium for the Health Sciences (DVGE, now DVGPH: member of the Executive Board)
Commission of International Health of the German Public Health Association (DGPH), chair (2001- )
Member of the Executive Board of the World Federation of Public Health Associations (Wfpha) (2002- )
KUIPER Tom M.P.H.

Personal data: born in 1959, Dutch nationality, married, 2 children.

Professional status: Senior Policy Advisor, Faculty of Health Sciences at Maastricht University, The Netherlands

Education:
1980-1985 Bachelor of Education, specialization: Health Sciences, Ubbo Emmius, Leeuwarden
1986-1989 Master of Health Sciences, specialization: Health Management and Economics, Maastricht University

Selected Courses
1995 Training “Group Dynamics”
1996 Training “Problem-based Learning”
1998 / 1999 Course “Internationalisation of Higher Education”
2000 Course “Excellence in Cultural Experiential Learning and Leadership”
2001 Course “Export of Higher Education”
2003 Course “Accreditation and Quality Assurance within the Netherlands”
2004 Course “Auditing of Educational Programmes”

Experience Record
1992 - 1994 Project Coordinator Summer University Health Sciences and Medicine, Maastricht University
Coordinator Erasmus – Socrates programmes
1994 - 2000 Head of the Office of International Relations at the Faculty of Health Sciences, Maastricht University
Programme Director Master of Public Health Programme at the Faculty of Health Sciences, Maastricht University
Contractor and Coordinator Phare - Tempus and Flagship projects with partners from Bulgaria, Poland, Kazakhstan, Russia, and Czech Republic.
Lecturer and tutor within the Master of Public Health Programme
Trainer in Problem-based Learning, Communication and Group Dynamics
1998 - 2000 Consultant and trainer Organisational Development and Change of Health Care Institutes
2001 - 2003 Policy Advisor, Faculty of Health Sciences at Maastricht University
Guest lecturer at EAIE, Nuffic and ISS on internationalisation policies of educational institutes
Guest trainer PBL
2003 - date Senior Policy Advisor, Faculty of Health Sciences at Maastricht University, main focus:
- Internationalisation, consortia and partnering;
- PR and marketing;
- Quality assurance and accreditation
2004 External auditor educational public health programmes
Internal development of new BSc programme and MSc programmes