



STUDIJŲ KOKYBĖS VERTINIMO CENTRAS

*Mykolo Romerio universiteto*  
**STUDIJŲ PROGRAMOS SVEIKATOS POLITIKA IR VADYBA**  
*(valstybinis kodas - 621L22004)*  
**VERTINIMO IŠVADOS**

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**EVALUATION REPORT**  
**OF HEALTH POLICY AND MANAGEMENT**  
*(state code - 621L22004) STUDY PROGRAM*  
*at Mykolas Romeris University*

**Experts' team:**

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4. **Ms. Marta Čubajevaitė,** *social partner,*
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**Evaluation coordinator –**

***Mrs Kristina Maldonienė***

Išvados parengtos anglų kalba  
Report language – English

## DUOMENYS APIE ĮVERTINTĄ PROGRAMĄ

Studijų programos pavadinimas	<i>Sveikatos politika ir vadyba</i>
Valstybinis kodas	621L22004
Studijų sritis	Socialiniai mokslai
Studijų kryptis	Politikos mokslai
Studijų programos rūšis	Universitetinės studijos
Studijų pakopa	Antroji
Studijų forma (trukmė metais)	Nuolatinės – 1,5 m., iššęstinės – 2 m.
Studijų programos apimtis kreditais	90 ECTS
Suteikiamas laipsnis ir (ar) profesinė kvalifikacija	Politikos mokslų magistro laipsnis
Studijų programos įregistravimo data	2012 lapkričio mėn. 2 d. Nr. SV6-56

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## INFORMATION ON EVALUATED STUDY PROGRAMME

Title of the study programme	<i>Health Policy and Management</i>
State code	621L22004
Study area	Social sciences
Study field	Political Sciences
Type of the study programme	University studies
Study cycle	Second
Study mode (length in years)	Full-time studies (1.5 years), part-time studies (2 years)
Volume of the study programme in credits	90 ECTS
Degree and (or) professional qualifications awarded	Master of Political Science
Date of registration of the study programme	November 2, 2012; No. SV6-56

## CONTENTS

<b>I. INTRODUCTION.....</b>	<b>4</b>
1.1. Background of the evaluation process .....	4
1.2. General.....	4
1.3. Background of the HEI/Faculty/Study field/ Additional information .....	4
1.4. The Review Team .....	5
<b>II. PROGRAMME ANALYSIS .....</b>	<b>5</b>
2.1. Programme aims and learning outcomes.....	5
2.2. Curriculum design .....	6
2.3. Teaching staff .....	8
2.4. Facilities and learning resources .....	9
2.5. Study process and students' performance assessment.....	10
2.6. Programme management .....	12
<b>III. RECOMMENDATIONS.....</b>	<b>14</b>
<b>IV. SUMMARY .....</b>	<b>15</b>
<b>V. GENERAL ASSESSMENT .....</b>	<b>17</b>

## **I. INTRODUCTION**

### **1.1. Background of the evaluation process**

The evaluation of on-going study programmes is based on the **Methodology for evaluation of Higher Education study programmes**, approved by Order No 1-01-162 of 20 December 2010 of the Director of the Centre for Quality Assessment in Higher Education (hereafter – SKVC).

The evaluation is intended to help higher education institutions to constantly improve their study programmes and to inform the public about the quality of studies.

The evaluation process consists of the main following stages: 1) *self-evaluation and self-evaluation report (hereafter – SER) prepared by Higher Education Institution (hereafter – HEI)*; 2) *visit of the review team at the higher education institution*; 3) *production of the evaluation report by the review team and its publication*; 4) *follow-up activities*.

On the basis of external evaluation report of the study programme SKVC takes a decision to accredit study programme either for 6 years or for 3 years. If the programme evaluation is negative such a programme is not accredited.

The programme is **accredited for 6 years** if all evaluation areas are evaluated as “very good” (4 points) or “good” (3 points).

The programme is **accredited for 3 years** if none of the areas was evaluated as “unsatisfactory” (1 point) and at least one evaluation area was evaluated as “satisfactory” (2 points).

The programme is **not accredited** if at least one of evaluation areas was evaluated as “unsatisfactory” (1 point).

### **1.2. General**

The Application documentation submitted by the HEI follows the outline recommended by the SKVC. Along with the self-evaluation report and annexes, the following additional documents have been provided by the HEI before, during and/or after the site-visit:

No.	Name of the document
1	Employment (of graduates)
2	Erasmus (exchange information and agreements)
3	Study quality (evaluations; in Lithuanian language)

### **1.3. Background of the HEI/Faculty/Study field/ Additional information**

Mykolas Romeris University (hereafter - MRU) was established in 2004. At present, it offers study programmes in social sciences, physical sciences and humanities and is the second largest university in Lithuania. There are approximately 13500 students at the University. The programme on Health Policy and Management first started in September 2010 on both full-time and part-time

study basis and has enrolled students every year since the start. The programme is based at the Faculty of Politics and Management and the Institute of Political Sciences.

Last time programme was evaluated in 2012 by Accreditation Agency in Health and Social Sciences (AHPGS). This is the second external evaluation of this study programme.

#### **1.4. The Review Team**

The review team was completed according *Description of expert recruitment*, approved by order No. 1-01-151 of Acting Director of the Centre for Quality Assessment in Higher Education. The Review Visit to HEI was conducted by the team on 12/10/2016.

- 1. Prof. Dr. Turo Virtanen (team leader)** *University of Helsinki, Professor, Finland.*
- 2. Prof. Dr. Mikael Svensson,** *University of Gothenburg, Professor, Sweden.*
- 3. Prof. Dr. Benedikt Speer,** *Carinthia University of Applied Sciences, Professor, Austria.*
- 4. Ms. Marta Čubajevaitė,** *National Non-Governmental Development Cooperation Organisations' Platform, Lithuania.*
- 5. Mr. Lukas Kisielius,** *student of Vilnius University, Lithuania.*

## **II. PROGRAMME ANALYSIS**

### **2.1. Programme aims and learning outcomes**

The aims of the programme are (SER, p. 5) to prepare specialists that are actively able to participate in health policy development and implementation according to the main principles of new public policy and management together with the sustainable development of society and modern public health. The definition is clear, but the SER does not explain what the principles of “new public policy and management” or “modern public health” are or imply. The interviews identified that these principles are referring to public-private partnerships, innovations, collaboration, and introduction to sustainable development.

The programme makes the distinction between general competencies and subject-related competencies and links the learning outcomes of the programme to each of them. This is informative, and the learning outcomes (SER, p. 5) are well defined and clear. However, learning outcomes emphasise very much policy implementation leaving almost no space for policy evaluation, although policy formulation, implementation and evaluation form an integral whole. The review team would recommend the revision of learning outcomes and curriculum accordingly. The table in SER (p. 8) showing the linkages of the learning outcomes of the programme to the learning outcomes of the 2<sup>nd</sup> cycle study is not so informative as a technical presentation. Learning outcomes and aims are publicly accessible on the website of MRU.

On the whole these definitions and comparisons indicate mature thinking about the aims and learning outcomes of Master level education. Nevertheless, there is an inconsistency in that SER indicates (p. 9) the will to strengthen multidisciplinary of the programme, but interviews showed that public administration would be the major background discipline. Given the interdisciplinary nature of Public Administration, the review group concludes that the programme aims and learning outcomes are sufficiently consistent and reflect properly the type and level of Master studies and the qualifications (competencies) defined. In sum, aims and learning outcomes reflect sufficiently the ministerial order of the study descriptor of the field of political science as of 2015. The name of the programme, its learning outcomes, content and the qualifications offered are compatible with each other.

The programme grounds its learning outcomes partly on research findings about challenges faced in professional practice, but the programme also points out that there are still limited research findings – new research may lead to corrections of intended learning outcomes (SER, p. 8-9). The research results address questions of motivation factors and gaps in competencies of professionals working in municipal sector, etc. Also the interviews of staff and social partners addressed the needs quite broadly. The context of the working life is clear (SER, 9): implementing and managing recent health care reforms and responding the challenges of strategic management, integrated health care, etc. Examples of expected jobs are specified, such as policy makers and health system administrators (SER, p. 9). In this sense, the programme pays attention to academic and professional aspects of its intended learning outcomes and there are also clear references to information about the public needs and the needs of the labour market. The SER compares the programme to other programmes at MRU (p. 9), but not to outside programmes. The interviews indicated, however, that the programme is well aware of the profile of other health policy programmes, and has an identity in promoting the public management aspect of health care and its reforms.

The topics of Master's theses are consistent with the scope of the aims and intended learning outcomes of the programme. The focus is clearly on health policies and their implementation and policy reforms. The methodology used could include also more sophisticated techniques of quantitative methodology when applicable to the research design. More extensive use of international research literature would be instrumental in achieving the learning outcomes even better.

## ***2.2. Curriculum design***

The programme, which is offered full-time and part-time, meets the legal requirements. It offers the required minimum of 90 ECTS, and the number of subjects per semester does not exceed the

number of 5. In the full-time programme the required number of no less than 30 ECTS for the preparation of the Master Thesis is reached taking together the courses “Scientific Work and Master Thesis” (1<sup>st</sup> semester, 6 ECTS), “Master Thesis” (2<sup>nd</sup> semester, 6 ECTS) and “Master Thesis” (3<sup>rd</sup> semester, 18 ECTS). In the part-time programme this ratio is reached combining the courses “Scientific Work and Master Thesis” (1<sup>st</sup> semester, 6 ECTS), “Master Thesis” (2<sup>nd</sup> semester, 6 ECTS), “Master Thesis” (3<sup>rd</sup> semester, 6 ECTS) and “Master Thesis” (4<sup>th</sup> semester, 12 ECTS).

Students, graduates as well as stakeholders seemed to be very satisfied concerning the curriculum design and its practical application. However, whereas the continuous preparation for the Master Thesis seems to be well-constructed, this implies also the early choosing of a topic. Even in the SER (p. 14) it is mentioned that the 1<sup>st</sup> semester is actually too early for this as the students are still not familiar with the Master programme, the course contents and therefore the possibilities/problems they might have in choosing their own topic.

Formally the programme is uni-disciplinary even if one of the general learning outcomes claims the “[a]bility to apply knowledge and problem-solving skills in new environment and multi-disciplinary context” (SER, p. 5, 1.2). Apparently, this goal shall be reached by deploying teachers from different disciplines to the programme. In this case, the coordination of courses and teachers should be given special attention and should also be reflected in the course descriptors, as this is central to ensure also for the future that themes are not repetitive in the teaching practice and evenly spread.

Apart from this, the general learning outcomes are systematically repeated in the course descriptors and complemented by the specific learning outcomes of the single course units. This good practice makes it easy to compare the appropriateness of the coordination of learning outcomes throughout the programme. The contents of the subjects and the methods used seem to be appropriate for the achievement of the intended learning outcomes.

At the level of the courses, however, some questions remain. For instance, it is unclear how the optional course “Application of Geographic Information Systems in Management” corresponds to the overall aims of the programme, given the fact that it is apparently not specifically designed for “Health policy and management” students. The same could be said for the general course “Policy Formulation and Implementation in EU”. Given the comments of the previous evaluation of 2012 concerning the internationalisation strategy of MRU (Annex 5, para 8), it is also notable, that still only one (optional) course (“Application of Geographic Information Systems in Management”) is at least partly taught in English. It was mentioned by MRU that additional courses have been prepared to be taught in English, but it is difficult to implement English as a language of instruction due to low demand among students. In order to reach the stated aim of a more international program, MRU may thus need to consider broader strategies to prepare

and motivate students in order to fulfil more parts of the internationalisation goals. However, English literature is to a minor or major degree incorporated in all course descriptions, but should in many cases be revised and enlarged.

Aside from this, the optional courses seem to be well developed and cover important matters. It could therefore be problematic that students have to choose between them as e.g. “Health Care Quality Management”, “Social Factors of Health” and “Strategic Management for Healthcare System” (2<sup>nd</sup> semester part-time and full-time studies) all convey substantially needed knowledge for health managers but only one of them can be chosen. Not really comprehensible is why the important course of “Health Law and Ethics” is rightly so compulsory in the full-time programme (2<sup>nd</sup> semester), whereas in the part-time study programme it is only an elective in the 4<sup>th</sup> semester.

Finally, some important courses which are common practice in many other comparable programmes, are missing or only covered in small subject units, such as e.g. quantitative health policy evaluation methods, health technology assessment and health economic evaluation methods. As students have criticised that there are not enough lectures in the programme, the introduction of new courses as well as the adaptation of old ones could be a promising path to follow.

### ***2.3. Teaching staff***

The study programme is provided by staff meeting the legal requirements. Among the 17 teachers (mean age 52, median 57) recently involved in the programme all but one have a PhD (minimum requirement 80 percent) and 7 of the teachers are full professors (minimum requirement 20 percent) (SER, p. 16).

The qualifications of the teaching staff are adequate to ensure learning outcomes. Teaching staff have significant experience in the taught subjects and a background and training (PhD) in relevant subjects. Teaching staff also have varying academic backgrounds ensuring that different academic perspectives are provided (SER, p. 16).

The number of teachers is adequate to ensure learning outcomes and workload seems reasonable. It is a relatively large number of staff giving the different courses, which implies that there is a need for teacher co-ordination in order to prevent overlapping modules. To address co-ordination, there is a programme committee consisting of teaching staff, social partners and students’ representative. At the site visit it was unclear how the programme committee regularly communicates (e.g. prerequisite knowledge of students) with all involved teaching staff. The department may want to consider some formal strategy or routine for how to do this.

The level of teaching staff turnover is such that an adequate provision of the programme can be assured, i.e. regular in- and outflow of faculty based on CVs. Many of the teachers have been part of the programme for several years (SER, p.16). In the SER (p. 19) it is recognized as a



weakness that the international mobility (both incoming and outgoing) among the faculty is low. No examples of prolonged incoming or outgoing staff exchanges during the evaluation period are listed in the SER. Thus, the department should consider introducing a visiting program to increase the use of guest lecturers (both academics and from the professional sector) to facilitate the inflow of new insights and fields of expertise.

The higher education institution creates conditions for the professional development of the teaching staff. There are opportunities to conduct research and to pursue international co-operations. For example, teachers participate in international training courses, conferences and networks (SER, p. 18). However, only few (3) examples of international participation are listed in the SER (p. 18) and based on the CVs it must be noted that most of the faculty have a low international rate of research and teaching participation.

The research interests are reasonably aligned with the taught courses and covers a broad range of research themes within health policy. However, with very few exceptions, the research output among the staff in international peer-reviewed journals is low or non-existent (based on CVs and author searches in the Scopus Author database, 2016-10-02). As a strategy to increase international publications, the review team learned during the site visit that the university is reported to assign higher points/rewards for publishing in international (English) journals.

In order to increase the international research output and the visibility in the international academic community the university/faculty administration should consider implementing stronger incentives to motivate publications in indexed and ranked international journals. This is especially important for the younger faculty where a norm needs to be established to regularly contribute to the international research community via publishing in international indexed journals.

#### ***2.4. Facilities and learning resources***

The facilities for the studies located in three different venues, the Central building (Ateities str. 20), First building (Valakupiu str. 5) and the new building (SER p. 19-20), contain of an adequate number of well-equipped auditoriums for lectures, seminars, individual student consultations, group work and teaching staff working spaces. It is considered a good practice that Central building premises seen during the study visit are well accessible to students with disabilities; Central building library also contains equipment that allows printing in Braille.

During the lectures and seminars, a number of relevant computer software programmes, e.g. SPSS and ArcGIS, are used. For individual self-study, students can use 141 computerized work places (SER p. 20), e.g. in 13 of them ArcGis is installed. During the study visit it was indicated that 1/5 of University students use computers provided by the University, with wireless Internet and workstations at University premises also allowing students to use their own computer equipment.

The literature for the study programme is located in the Central library, which is accessible 24/7. Teaching and learning resources viewed during the library visit are considered adequate. Individual consultations on library resources and literature search are offered to students and staff by two thematic librarians and are viewed as a good practice. At the level of the University there is a subscription service to a number of relevant full-text international databases, e.g. Academic Search complete, JSTOR collections, Sage journals online (SER p. 21), accessible from campus and outside via VPN clients; recently some other relevant databases were subscribed, e.g. Health Source: Nursing/Academic Edition, MEDLINE, etc. Moodle e-learning platform is compulsory for all courses (SER, p. 20), has well developed support system (SER, p.22), however, students met during the study visit indicated their preference for face-to-face teaching.

In summary, teaching and learning equipment and teaching materials are good in terms of their size, quality and accessibility and excellent in the national perspective. Within this Master Programme, students' practice as a compulsory study element is not organised.

### ***2.5. Study process and students' performance assessment***

Admission requirements are approved by the University Senate and are available online and are well founded. Graduates of other studies than political science, together with graduates from colleges, are required to take one additional year of studies in order to be eligible to study in this programme. The total amount of student applications for the period 2011-2015 was 456, and 157 students were admitted with more part-time than full-time students (SER, p. 23). Around 50% of students graduate successfully within the expected time frame, whereas a small majority postpone their studies (SER, p. 24). During the interviews students as well as academic staff explained that the main reason for not completing the studies on time is due to an inability to combine full-time work and studies.

In the interviews, the teaching staff explained that studies are carried out in a model where courses are studied in sequence and there are no parallel courses. Students expressed mixed opinions about this structure. Student working hours dedicated to studying are divided into contact and self-study hours. On average around 25% (13%) of the full-time (part-time) studies is contact hours and the remaining time is self-study hours (SER, p. 28).

Students are given the opportunity to participate in research activities. There are mandatory courses during the first year which help to achieve valuable skills for research work and the thesis. Additionally, there also is a summer school which serves the same purpose. Students that receive a good grade on their Master thesis are encouraged to present the findings of their research in conferences. From 2012 to 2014, six students from the programme have had their papers published in a university-run journal (SER, p. 24).

Students have opportunities to take part in mobility programmes. The university has more than 200 agreements with international partners (SER, p. 34). The university has an office for international studies, a faculty Erasmus coordinator and study manager. However, very few students participate in exchange programmes. Regarding the Health Policy and Management programme only 4 students have used this option since the establishment of the study program. Academic staff mentioned that a main reason of the relatively low international participation is due to the inability to do this given that they are working full-time. Students agreed and added that there also are some personal reasons behind it for instance some of them have already created families.

The university ensures an adequate level of academic and social support MRU offers a variety of financial support in forms of scholarships, tuition fee reductions and one-time scholarships for academic gains (SER, p.25). Regulations for receiving financial support are publicly accessible. There is also a MRU Student Charity and Support Fund which awards one-time scholarships for successful students. During the meeting with evaluation team, students have also stated that they are quite content with the amount of academic support which they get from the University.

The assessment system of students' performance is clear and adequate. Principles of Students' assessment are approved by MRU Senate. In order to evaluate students' progress throughout the study process, a system of accumulative grades is used. Usually the exam takes 40-50% of the curriculum grade (SER, p.26). Other parts of the grade consist of writing papers, public speaking, participation in discussions, seminars, preparations of presentations and work in groups (SER, p.26). There was no information in the SER concerning students' feedback for evaluation or some academic disputes about their grades. It was stated that students are grading study courses, but it appears that it is the only kind of student feedback (SER, p.29). During the interview, academic staff stated that there is a possibility for students to submit their appeals, however, students had quite mixed opinions about it.

Information about graduates' rate of employment shows a quite successful result. Among the students graduating in year 2012, 50% had employment within 6 months, whereas 100% had employment after 1 and 3 years. 100% of students who graduated in 2013 had a job 6 months after graduation and 95.24% of them were employed after 1 year. The employment rate of 2014 alumni was 85.19% after 6 months of graduation and 77.78% after 1 year of graduation and in the class of 2015, 88.19% were employed after 6 months of graduation (SER, p.28). MRU has also provided some additional information concerning employment statistics of their graduates according to which, the majority of alumni are working in jobs which are compatible with their study course, and their professions range from medical institutions to public administration in health services.

## ***2.6. Programme management***

The SER (pp. 30-39) gives a very thorough description of the programme management and the quality assurance system and practices and their links to the strategy of the University. The responsibilities for decision making and monitoring are clearly allocated. The Study Programme Committee is the main operational actor which works in collaboration with Institute of Political Sciences and Faculty of Politics and Management. Teachers, students, social partners and alumni take part in decision making both of operational matters and quality assurance.

There are several surveys conducted on regular basis and many processes where this information is used both in the meetings of the decision making and quality assurance bodies and in regular discussions on different forums: the Rector meets students (annually), the heads of departments and programme committees get together with the Faculty leadership (weekly), the Dean's office meets students twice in a semester, etc. (SER, pp. 35-36). Statistical information and survey information is collected regularly throughout the admission, study, and graduation process. Student and stakeholder feedback is linked to intended learning outcomes. The objectives of Master's degrees are reviewed annually, but the process and its rationale could be documented better. A good practice is to ask students' opinion whether their feedback is taken into consideration (around half agree), because this is evaluative information about the value of the quality assurance as a system.

It is partly unclear which parts of quality assurance system are relevant for the Master programme of Health Policy and Management at the moment, as the SER tends to focus on the overall policies and systems of the University. However, the interviews of programme management, staff and students confirmed that the quality assurance system has contributed also to the development of this specific programme. The SER includes a summary of the last external evaluation of the programme and measures taken after that (SER, pp. 33-34). For example, more international partners, students' feedback and plans for improvement measures are made public on website, and graduate surveys have been improved with including information on salaries and careers. This indicates that the programme is willing and able to analyse also the effectiveness of the evaluations. Social partners are engaged actively in various ways (SER, p. 38), which support the external quality assurance further.

The University would like to improve feedback from teachers and a system is being prepared to that end (SER, p. 39). There are also plans to strengthen the involvement of students and alumni to improve the programme. However, even now several measures have been taken on the basis of feedback information (SER, p. 38), for example, strengthening studies of research methodology and preparing guidelines for Master's theses. It is obvious that the internal and

external quality assurance system of the whole University covers many aspects of teaching and learning and is also effective and that it is operating also on the level of this programme.

The programme is widely known and the collaboration and communication with social partners is active, but the programme management might want to widen its scope of social partners to private sector actors to strengthen its expertise on practices of public-private partnership in health care – and to important non-profit actors. Interaction is largely based on informal connections and networking. More formal arrangements might be useful in the institutionalisation of interactions, for example, in the form of an advisory board. It would also support the sustainability of the network of partners and graduates of the programme and their contribution to the programme.

### III. RECOMMENDATIONS

1. Learning outcomes emphasise policy implementation leaving almost no space for policy evaluation, although policy formulation, implementation and evaluation form an integral whole. The review team would recommend the revision of learning outcomes and curriculum accordingly.
2. It may be considered to delay the start of the Master thesis until the students have some more solid understanding of the programme and courses taught, e.g. to the start to the 2<sup>nd</sup> semester.
3. It should be considered if some of the mandatory courses should be made optional (e.g. Policy Formulation and Implementation in EU), whereas some of the more health policy related courses that today are optional could be made mandatory (e.g. Health Care Quality Management and Social Factors of Health).
4. To make students more attractive on the international labour market it could be considered to increase the number of more “practical” courses focusing on quantitative methods of evaluation, health technology assessment etc. as well as to increase the number of courses taught in English.
5. The department should consider introducing a visiting programme to increase the use of guest lecturers (both academics and from the professional sector) to facilitate the inflow of new insights and fields of expertise and if funds allow support outgoing research visits among the staff.
6. In order to increase the international research output and the visibility in the international academic community the university/faculty administration should consider implementing stronger incentives to motivate publications in indexed and ranked international journals.
7. The programme management might want to widen its scope of social partners to private sector actors to strengthen its expertise on practices of public-private partnership in health care as well as to non-profit actors which play important role.
8. The interaction with social partners is largely based on informal connections and networking. More formal arrangements might be useful in the institutionalisation of interactions, for example, in the form of an advisory board.

#### **IV. SUMMARY**

The programme aims and learning outcomes are well-defined and clear and reflect properly the type and level of Master studies and the qualifications (competencies) defined. However, learning outcomes strongly emphasise policy implementation, leaving almost no space for policy evaluation, although policy formulation, implementation and evaluation form an integral whole.

Students, graduates as well as stakeholders seemed to be very satisfied concerning the curriculum design and its practical application. The continuous preparation for the Master Thesis seems to be well-constructed, but this also implies the need for a very early choice of a thesis topic, which may be problematic given that early in the programme students are not fully familiar with all relevant courses and topics. It should be considered if some of the mandatory courses should be made optional, whereas some of the more health policy related courses that today are optional could be made mandatory. It could be also considered to increase the number of more “practical” courses focusing on quantitative methods of evaluation, health technology assessment etc. as well as to increase the number of courses taught in English.

The teachers have a strong academic profile and all but one of the 17 involved teachers have a PhD and seven of the teachers are full professors. The varying backgrounds among the teachers also ensure that different academic perspectives are provided. However, with very few exceptions, the research output among the staff in international ranked peer-reviewed journals is very low. The department is in great need to increase the volume of research in general and specifically in international peer-reviewed journals.

Teaching and learning equipment and teaching materials are good in terms of their size, quality and accessibility and excellent in the national perspective.

The admission requirements of new students are well-founded. Less than half of enrolled students complete their studies within the expected time, which is mainly due to the fact that students also typically work full-time during their studies. Students are given the opportunity to participate in research activities. Students have opportunities to take part in mobility programmes. However, very few students participate in exchange programmes. The assessment system of students' performance is clear and adequate. Information about graduates' rate of employment shows a quite successful result.

The programme management and the quality assurance system and practices are well developed and seem to run efficiently. The internal and external quality assurance system of the whole university covers many aspects of teaching and learning and is also effective and that it is operating also on the level of this programme. The programme is also widely known and the

collaboration and communication with social partners is active, but the programme management might want to widen its scope of social partners to private and non-profit sector actors as well.



## V. GENERAL ASSESSMENT

The study programme *Health Policy and Management* (state code – 621L22004) at Mykolas Romeris University is given **positive** evaluation.

*Study programme assessment in points by evaluation areas.*

No.	Evaluation Area	Evaluation of an area in points*
1.	Programme aims and learning outcomes	3
2.	Curriculum design	3
3.	Teaching staff	3
4.	Facilities and learning resources	4
5.	Study process and students' performance assessment	3
6.	Programme management	3
	<b>Total:</b>	<b>19</b>

\*1 (unsatisfactory) - there are essential shortcomings that must be eliminated;

2 (satisfactory) - meets the established minimum requirements, needs improvement;

3 (good) - the field develops systematically, has distinctive features;

4 (very good) - the field is exceptionally good.

Grupės vadovas: Team leader:	Turo Virtanen
Grupės nariai: Team members:	Mikael Svensson
	Benedikt Speer
	Marta Čubajevaitė
	Lukas Kisielius

**MYKOLO ROMERIO UNIVERSITETO ANTROSIOS PAKOPOS STUDIJŲ  
PROGRAMOS *SVEIKATOS POLITIKA IR VADYBA* (VALSTYBINIS KODAS – 621L22004)  
2016-12-16 EKSPERTINIO VERTINIMO IŠVADŲ NR. SV4-236 IŠRAŠAS**

&lt;...&gt;

**V. APIBENDRINAMASIS ĮVERTINIMAS**

Mykolo Romerio universiteto studijų programa *Sveikatos politika ir vadyba* (valstybinis kodas – 621L22004) vertinama teigiamai.

<b>Eil. Nr.</b>	<b>Vertinimo sritis</b>	<b>Srities įvertinimas, balais*</b>
1.	Programos tikslai ir numatomi studijų rezultatai	3
2.	Programos sandara	3
3.	Personalas	3
4.	Materialieji ištekliai	4
5.	Studijų eiga ir jos vertinimas	3
6.	Programos vadyba	3
	<b>Iš viso:</b>	<b>19</b>

\* 1 - Nepatenkinamai (yra esminių trūkumų, kuriuos būtina pašalinti)

2 - Patenkinamai (tenkina minimalius reikalavimus, reikia tobulinti)

3 - Gerai (sistemiškai plėtojama sritis, turi savitų bruožų)

4 - Labai gerai (sritis yra išskirtinė)

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**IV. SANTRAUKA**

Programos tikslai ir studijų rezultatai yra gerai apibrėžti bei aiškūs ir tinkamai atspindi magistrantūros studijų programos tipą ir lygį bei nustatytas kvalifikacijas (kompetencijas). Tačiau studijų rezultatai ypač akcentuoja politikos įgyvendinimą ir beveik neličia politikos vertinimo aspekto, nors politikos formavimas, įgyvendinimas ir vertinimas sudaro nedalomą visumą.

Studentai, absolventai ir socialiniai dalininkai teigė esantys labai patenkinti programos sandara ir praktiniu įgyvendinimu. Nuolatinis pasirengimas magistro darbui gerai organizuotas, tačiau tai reiškia, kad reikia labai anksti pasirinkti darbo temą, o tai gali būti sudėtinga, nes tik pradėję studijų programą studentai dar nėra iki galo susipažinę su visais aktualiais dalykais ir temomis. Kai kuriuos privalomuosius dalykus galima padaryti pasirenkamais, o kai kuriuos labiau su sveikatos politika susijusius dalykus, kurie yra pasirenkamieji, vertėtų priskirti privalomųjų dalykų blokui. Rekomenduojama didinti labiau į praktinius aspektus orientuotų dalykų skaičių,

akcentuojant kiekybinius vertinimo metodus, sveikatos technologijų vertinimą ir pan., taip pat didinti anglų kalba dėstomų dalykų skaičių.

Dėstytojų akademinė patirtis didelė – 16 iš 17 jų turi daktaro laipsnį, o septyni turi profesoriaus pedagoginį vardą. Skirtingas dėstytojų išsilavinimas taip pat užtikrina akademinį požiūrį įvairovę. Vis dėlto, su keliomis nedidelėmis išimtimis, personalo tiriamosios veiklos rezultatai itin retai skelbiami tarptautiniuose reitinguojamuose recenzuojamuose žurnaluose. Katedrai labai reikia apskritai didinti mokslinių tyrimų apimtį ir konkrečiai skelbti publikacijas tarptautiniuose recenzuojamuose žurnaluose.

Mokymo ir mokymosi įranga bei mokymo medžiaga tinkama dydžio, kokybės bei prieinamumo aspektais ir puiki nacionaliniame kontekste.

Naujų studentų priėmimo reikalavimai gerai pagrįsti. Mažiau nei pusė priimtų studentų studijas baigia numatytu laiku, daugiausia dėl to, kad paprastai studentai dirba visą darbo dieną ir studijuoja tuo pačiu metu. Studentams suteikiama galimybė dalyvauti tiriamojoje veikloje. Taip pat jiems sudarytos sąlygos dalyvauti judumo programose. Tačiau mainų programas pasirenka labai nedidelis studentų skaičius. Studentų pasiekimų vertinimo sistema aiški ir tinkama. Absolventų įsidarbinimo rodiklis gana sėkmingas.

Programos vadyba ir kokybės užtikrinimo sistema bei praktika puikiai išvystytos ir atrodo, kad veikia efektyviai. Viso universiteto vidinio ir išorinio kokybės užtikrinimo sistema apima daugybę mokymo ir mokymosi aspektų ir yra veiksmingai taikoma šioje studijų programoje. Programa taip pat plačiai žinoma, o bendradarbiavimas ir bendravimas su socialiniais partneriais aktyvus, tačiau programos vadovybė galėtų plėsti socialinių partnerių ratą, įtraukdama privatųjį ir ne pelno siekiantį sektorius.

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### **III. REKOMENDACIJOS**

1. Studijų rezultatai akcentuoja politikos įgyvendinimą ir beveik neličia politikos vertinimo aspekto, nors politikos formavimas, įgyvendinimas ir vertinimas sudaro nedalomą visumą. Atsižvelgiant į šį aspektą, ekspertų grupė rekomenduoja peržiūrėti studijų rezultatus ir programos turinį.
2. Galima svarstyti nukelti magistro darbo rašymo pradžią, kol studentai įgis tvirtesnę suvokimą apie programą ir dėstomus dalykus, pavyzdžiui, pradėdant nuo 2-ojo semestro.
3. Kai kuriuos privalomuosius dalykus galima padaryti pasirenkamais (pvz., „Politikos formavimas ir įgyvendinimas ES“), o kai kuriuos labiau su sveikatos politika susijusius dalykus, kurie yra

pasirenkamieji, vertėtų priskirti privalomųjų dalykų blokui (pvz., „Sveikatos priežiūros kokybės vadyba“ ir „Socialiniai sveikatos veiksniai“).

4. Kad studentai būtų paklausesni tarptautinėje darbo rinkoje, rekomenduojama didinti labiau į praktinius aspektus orientuotų dalykų skaičių, akcentuojant kiekybinius vertinimo metodus, sveikatos technologijų vertinimą ir pan., taip pat didinti anglų kalba dėstomų dalykų skaičių.
5. Katedra galėtų apsvarstyti kviestinių dėstytojų programos galimybę (kviečiant tiek akademikus, tiek profesinio sektoriaus atstovus), kad programa pasipildytų naujomis išvalgomis ir kompetencijos sritimis, o jei pakanka lėšų, remti dėstytojų mokslinių tyrimų stažuotes į kitas institucijas.
6. Siekiant didinti tarptautinės tiriamosios veiklos rezultatus ir matomumą tarptautinėje akademinėje bendruomenėje, universiteto ar fakulteto administracija turėtų labiau skatinti skelbti publikacijas indeksuojamuose ir reitinguojamuose tarptautiniuose žurnaluose.
7. Programos vadovybė galėtų plėsti socialinių partnerių ratą, įtraukiant privatųjį sektorių, taip stiprinant savo kompetenciją vykdant viešosios ir privačiosios partnerystės veiklą sveikatos priežiūros srityje, ir ne pelno siekiančias organizacijas, kurios taip pat vaidina svarbų vaidmenį.
8. Bendravimas su socialiniais partneriais iš esmės pagrįstas neoficialiais ryšiais ir tinklaveika. Šiam bendravimui institucionalizuoti praverstų formalesni susitarimai, pavyzdžiui, įsteigiant patariamąją tarybą.

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