



Project co-funded by the Life Long Learning Programme

Toward Equity in the Quality of European Public Health Education

Results, discussion and recommendations from the
“Public health Education Reform For Equity in Quality of Training ”
(PERFEQT) Project

Julien Goodman
Jacqueline Müller-Nordhorn
Franco Cavallo
Ramune Kalediene
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A Joint ASPHER Project 2012—2013



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A Joint ASPHER Project 2012—2013

Collaborating Institutions



Università di Torino



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The Association of Schools of Public Health in the European Region (ASPHER)

The Association of Schools of Public Health in the European Region (ASPHER) is the key independent organisation in Europe dedicated to strengthening the role of public health by improving the education and training of Public Health professionals for both practice and research. Founded in 1966, ASPHER is a non-for-profit organisation representing Schools of Public Health and other public health postgraduate educational entities. It brings together over 80 institutional members with over 2000 academics and experts from countries located throughout the European region.

ASPHER's role focuses on the academic development of European public health workforce. The mission of ASPHER is to promote education, research and service in public health in order to foster a creative and dynamic academic and practical educational infrastructure for public health workforce development. ASPHER's role therefore includes the promotion of high quality public health education and training and of the highest standards of public health practice.

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LIST OF ABBREVIATIONS AND ACRONYMS USED IN THIS BOOK

APHEA	Agency for Public Health Accreditation
ASPHER	Association of Schools of Public Health in the European Region
CEE	Central and Eastern Europe
CEPH	Council on Education for Public Health
EACEA	Education, Audiovisual and Culture Executive Agency
EAPAA	European Association for Public Administration Accreditation
ECA	European Consortium for Accreditation in higher education
ECCMPHE	European Core Competences for MPH Education
ECTS	European Credit Transfer System
EHEA	European Higher Education Area
EHMA	European Health Management Association
EMPH	European Master of Public Health
ENQA	European Association for Quality Assurance in Higher Education
EPAS	European Programme Accreditation System
EPHA	European Public Health Alliance
EQUIS	European Quality Improvement System
EU	European Union
EUPHA	European Public Health Association
FPH	Faculty of Public Health
FSU	Former Soviet Union
GNI	Gross National Income
INQAAHE	International Network for Quality Assurance Agencies in Higher Education
ISPHA	Arkhangelsk International School of Public Health
MBA	Master of Business Administration
MoE	Ministry of Education
MoF	Ministry of Finance
MoH	Ministry of Health
MoL	Ministry of Labour
MPH	Master of Public Health
MPHM	Master of Public Health Management
MSc	Master of Science

NAO (NVAO)	Netherlands Accreditation Organisation
NIS	Newly Independent States
OAQ	Swiss Center of Accreditation and Quality Assurance in Higher Education
OSI	Open Society Institute
PEER	Public Health Education European Review
PERFEQT	Public health Education Reform For Equity in Quality of Training
PH	Public Health
PhD	Philosophiae Doctor (Doctorate of Philosophy)
QA	Quality assurance
QAA	Quality Assurance Agency for Higher Education (UK)
QMS	Quality Management Systems
SAN-EPID	Sanitary Epidemiological
SEE	South Eastern Europe
SPH	School of Public Health
WASC	Western Association of Schools and Colleges
WFME	World Federation of Medical Education
WHO	World Health Organisation

FOREWORD BY ASPHER PRESIDENT

“Programmes leading to a Master of Public Health are at present evaluated or accredited by national education authorities in most countries within the European Region. The Agency for Public Health Education Accreditation (APHEA) is the first specific accreditation system for education in public health at the European level”. We are very proud that, after a decade or more of discussion and reflection, the Association of Schools of Public Health in the European Region (ASPHER) crossed the river and started APHEA with the full support of EHMA, EPHA, EUPHA, and EuroHealthNet. Of course APHEA does not intend to substitute the national accreditation systems but it does provide two additional and very important checks; being closely related to ASPHER, APHEA can recruit the highest public health expertise available in Europe and, offers an independent evaluation based on international standards. Finally, European accreditation has a global outreach and proof of that is the fact that among the first accreditation visits are teaching institutions outside of Europe.

I would like to take this opportunity to thank those of us who have been involved for many years in the preparation of what APHEA is today. The proposal first came when Professor Jacques Bury, then Executive Director of ASPHER, developed the PEER Review as a pilot for accreditation. All ASPHER presidents since the early nineties supported this development, however, Dr Jacek Sitko from Krakow, Poland and Professor Antoine Flahault, Paris, France gained special merits finalising the accreditation format.

This volume contains accreditation experiences covering the whole spectrum from the highest level institutions to those which are still in the early phase of their build-up. We need further adaptation as the world never stands still, especially with regard to the improved linkage between the national and the international accreditation. It has to be avoided that some schools especially in Europe cannot afford an international accreditation by APHEA in addition to the costs of the obligatory national one.

Prof. Dr. Vesna Bjegovic-Mikanovic MSc, PhD

(President Elect, ASPHER) 29 September 2013

AUTHORS' PREFACE

The following pages of this book represent a desire to combine many of the ongoing developmental activities of The Association of Schools of Public Health in the European Region (ASPHER) dating back to the 1980s. These include work on the European Master of Public Health, the PEER review, the OSI ASPHER projects, the work undertaken to establish accreditation and, more recently, the work on competences and addressing the needs of the public health workforce. This book is intended to further discussion on the quality development of public health education throughout the European region.

In February 2012 a small group of partners from the ASPHER network and the Agency for Public Health Education Accreditation (APHEA) submitted an application for funds to the European commission's Lifelong Learning Program which would use the newly established accreditation agency criteria as a benchmark to assess the level of development toward the criteria across the region. This would also provide an opportunity to showcase and test some of the new accreditation criteria. The application was successful and the project formally started in September 2012.

This book documents the activities undertaken during the previous 12 months and produces a series of recommendations which are intended to be of practical use for both schools, ASPHER and APHEA, with the aim of improving and equalising the quality of education throughout the region. The research produced some highly interesting results which, in many cases, were counterintuitive. This is important as the evidence challenged existing knowledge, thought and perceptions. It is hoped that through this new understanding of the present situation of European public health education, more realistic and pragmatic recommendations can be made, both here in this book and in the future.

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September 2013

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We would like to further acknowledge the support of Theodore Tulchinsky (application stage), Jakub Skorek (internet) and the helpful assistance of Rebecca Muckelbauer (statistics).

Finally we wish to thank all of the schools and people that took time to complete the survey as your views were crucial to the accomplishment of this project and book.

INTRODUCTION

The motivation behind the project comes from the fact that second cycle public health training across the EHEA is not level and shows great disparities across many areas such as, governance, management, admissions, curriculum, pedagogy and quality systems¹. Not only does this question the quality of graduates entering in to the national workforces it also hinders academic mobility between nations. An attempt to remedy this is through a formal accreditation system embraced by the newly formed APHEA which increases transparency and ensures a recognised quality standard across the EHEA. However, given the aforementioned disparities, questions could be raised as to how many institutions would gain accreditation and if there were schools who had or had not accreditation, would this not create a new tier of disparity?

This project and book sets out to understand the range of reforms required by Schools of Public Health in order to achieve positive accreditation. It then seeks to identify practicable actions which can be undertaken by the schools to help realise these reforms. The focus of the research was on second cycle academic programmes of public health throughout the Bologna or EHEA region. The ability or willingness to reform is an additional issue which needs to be understood and any recommended actions would have to be grounded on the potential feasibility and cost-effectiveness of their implementation.

There were four institutional partners involved in the project with the main partner, ASPHER being involved in this type of activity for quite some time. In 1988 ASPHER attempted to introduce an unified European masters programme entitled the EMPH (European Masters of Public Health). It quickly became apparent that national public health training programmes were very different and that the bodies concerned with the certification of the training would not normally accept training in other institutions². To address these differences, a PEER (Public health Education European Review) system was inaugurated as a means to establish a European standard in training along with a mutual recognition and common standard in professional qualifications. The PEER review used criteria as a framework for recommending institutional and educational change within schools which was conducted by peers in a collegial manner. Between 2001 and 2006, using the PEER review as a benchmark quality improvement tool, ASPHER ran a series of projects aimed at establishing and developing Schools of Public Health (SPHs) throughout 16 countries of the CEE, Russian, FSU

and NIS regions. All but one of the members involved in the present project proposal were integral members of that project and have a wealth of experience in the development of schools and programmes throughout the region.

The PEER review formed the basis of the accreditation system, recently initiated by the Agency for Accreditation of Public Health Education in the European Region (APHEA). The purpose of the APHEA accreditation is to establish a more formalised normative assessment to ensure transparency, compatibility and recognition of quality standards between schools offering Master of Public Health programmes while recognising national certification processes required for recognition by national education and funding authorities.

The earlier PEER reviews demonstrated both a divergent landscape in the quality of training and also a clear need for further development of second cycle training. However, the use of the PEER review was based on what peers' recommended through "should" statements as a means toward development and their adoption was entirely at the discretion of the reviewed school. Although extremely useful, the new accreditation process supersedes the PEER by offering a more formalised procedure based on "yes/no" criteria in which schools need to be already at a certain level of development to succeed.

The logic of this research project was quite straightforward. To assist different nations to accept second cycle training from other institutions and countries there needs to be an accepted and recognised level of transparency and trust. This can be provided through accreditation processes. To successfully undergo the accreditation process, programmes will need to be already at a certain level of development and quality. However, it is known and published that many schools offering second cycle education in the EHEA are not at this level and therefore will not successfully complete an accreditation process. A consequence of this is that the present disparities and lack of transparency across the EHEA will continue. The solution sought was to investigate and provide evidence for recommended actions in an attempt to raise the standards in schools across the EHEA to a level in which they would be able to successfully complete accreditation.

The research consisted of a (macro) quantitative examination and comparison of the gaps and needs between the existing levels of quality in education throughout the region and those levels imposed under an accreditation system. The proposal then pursued a (micro)

qualitative examination of the gaps in three representative schools in the region. Both of these elements produced evidence and recommendations which were fed-back to schools through a workshop. The objective was to find consensus over any proposed recommendations and also understand whether they would be achievable, feasible and practicable. The results of the research are presented and discussed in this publication and it is hoped that both the evidence found and recommendations made will be constructive to Schools of Public Health irrespective if they plan to undergo APHEA accreditation.

HISTORY OF ACCREDITATION IN PUBLIC HEALTH EDUCATION

European accreditation: early stages of development

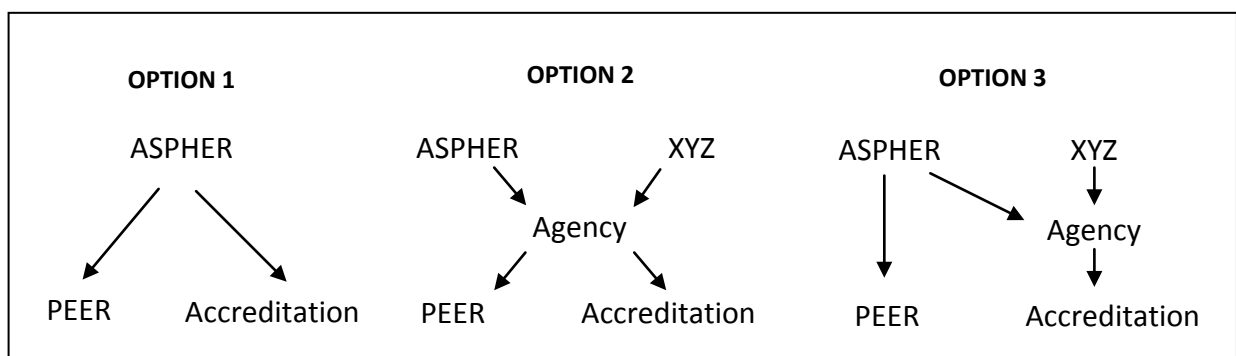
In 1988 the Association of Schools of Public Health in the European Region (ASPHER), attempted to introduce an unified European masters programme entitled the European Master of Public Health (EMPH) based on the W.H.O's Health for All principals³. It quickly became apparent that national public health training programmes were very different which hindered mobility and the transferability of credits². To address these differences, the General Assembly of ASPHER gave the executive board a mandate in 1992 to "organise a process of mutual recognition of courses, modules, programmes and even institutions."⁴ In the following years, between 1993 and 1994 a PEER (Public health Education European Review)⁵ system was instigated with the aid and support of the W.H.O. Euro, as a means to establish a European standard in training along with a mutual recognition and common standard in professional qualifications. The PEER review used criteria as a framework for recommending institutional and educational change within schools which was conducted by other academics in the network (peers) in a collegial manner.

In 2000 ASPHER joined forces with foundation Mérieux to further develop the PEER criteria towards a system of accreditation for training programmes and the pursuant debate focused upon the independence and distinction of any such body responsible for accreditation away from the structures of ASPHER. A secondary feature would be the focus of the existing PEER review within any new accreditation system.

There were three options reviewed as to the institutional binding relationship of ASPHER within any new accreditation system. The first option, seen by Figure 1 below, viewed accreditation as directly responsible by ASPHER and existing in parallel with the PEER review. This was seen as inappropriate as there would be no independence of the reviewer and the reviewed as the schools involved would be members of ASPHER. The second option would look at how ASPHER, along with separate independent organisations would create a third party agency which would be responsible for both PEER and accreditation. This option was also disregarded as it would entail ASPHER losing its proprietary role over the PEER review which ASPHER could continue to offer as a service and quality improvement mechanism to its members. The tertiary option concentrated on ASPHER forming a

constituent part of a third party agency alongside other independent organisations but where this third party agency would be sole responsible for accreditation. ASPHER would maintain proprietary over the PEER review and would be a central part of accreditation. It was this latter option which was decided upon and which subsequently formed the basis for development of the agency of public health education accreditation. This option was deemed, "the most appropriate solution as it keeps for ASPHER its prime role in charge of quality improvement for its members and at the same time allows for the requested independence for the accreditation body to be credible and potentially accredited."⁴

Figure 1. Differing options for institutional setting of accreditation agency



The second facet of debate then focused upon how the PEER review would be an essential and central feature within any new accreditation or quality improvement system. This would start with an application for a PEER review to which the ASPHER office would verify the eligibility of the request. There would then be an expert review team established by appointment of the ASPHER PEER committee whilst, at the same time, the school would concentrate on developing a self assessment report. Once the self assessment had been completed a site visit would take place and a draft report would be written from which the school would have authority to make factual correction. The school then would develop and propose an action plan for implementing the changes which would be submitted back to an accreditation body. Within this scheme, the differences between PEER and accreditation appear very slight: PEER would be central to the accreditation process whereby the accreditation body would make a decision based upon the submitted paperwork and peer site visit. In this regard the PEER review would continue to be a core element of

accreditation. However, there was also an acknowledgement of separating the quality review process from the accreditation process.

This early stage of development in European accreditation demonstrates a process of reform begun by the needs of schools to assure quality and trust in academic offerings whilst engaging in international collaborative exercises. The process had led to an initial quality improvement review, rather than full-scale accreditation, in which the (PEER) review would form the nucleus within a future accreditation system. There were nevertheless significant differences remaining in the quality improvement approach from the resulting accreditation in terms of criteria, focus and the role of the national bodies.

Revision of the PEER criteria

Following the successful completion of 12 PEER reviews ASPHER began to reassess the criteria involved in the PEER review and to compare these with a range of other accreditation systems. The ensuing comparison can be found in Table 1⁴. As can be seen the recommendation was for the inclusion of nine distinct categories with the omission of two focused on service and evaluation planning. The nine criteria used in the revision were primarily focused at an institutional level rather than a programme level. Although the institutional setting of an academic programme unavoidably entails the review of a host institution, the focus of PEER continued to place assessment on the school and its internal and external aspects rather than the programme and how the programme functioned within the school. Furthermore, this approach would garner greater popularity with schools as it was not constricted by the focus on specific academic programmes which meant more schools would be eligible to apply.

Table 1. Comparison of different categories of criteria

	Category	ASPHER PEER	CEPH	ACEHSA	EQUIS	PROPOSITION for the future
1	Development and mission of SPH	+	+	+	+	+
2	Relationship with external environment	+	+	+	+	+
3	Internal organisation	+	+	+	-	+
4	Teaching staff	+	+	+	+	+
5	Students and graduates	+	+	+	+	+
6	Training programmes	+	+	+	+	+
7	Teaching\learning facilities	+	+	+	+	+
8	Research	?	+	+	+	+
9	Institutional quality management	-	-	-	-	+
10	Service ASPHER: partly with "students and graduates"	-	+	+	+	-
11	Evaluation and planning ASPHER: partly with "training programmes"	-	+	-	-	-

The PEER review process also continued to display universal application with its heavy focus on quality improvement with use of decisions centred around 'should' recommendations rather than dichotomised yes\no statements associated with accreditation. Correspondence between the Council on Education in Public Health (CEPH) in America and ASPHER during this period clearly distinguished that the use of 'should' statements within a quality improvement frame were inadequate within any accreditation process^a.

Many of the participants involved from ASPHER in the development of accreditation and its proposed criteria were also in favour of having stricter decision-making through the use of gradated responses such as, met, met (with comments), partially met, not met⁴. However, these recommendations did not find general agreement and the lines between quality improvement and accreditation remained somewhat indistinguishable for the time being.

The use of PEER in establishing and developing of schools of public health

These later developments took place in 2001 at the same time that ASPHER began a large-scale joint project with the Open Society Institute (OSI) in New York⁶. This project would see a central use for the PEER review in aiding both the establishment and development of

^a Personal correspondence P Evans and J Bury - ASPHER Archives.

Schools of Public Health throughout 16 countries of the Central and Eastern European (CEE) region, the former Soviet Union (FSU) and the newly independent states (NIS). The ever present institutional nature of the PEER review as well as the use of 'should' statements would prove invaluable in creating a common framework for both schools in the East and those experts coming from the West.

Within this project, schools from the region were separated into two categories, those requiring the initial stages of establishment and those requiring further development. In the first category the PEER criteria generated a framework for the basic steps of establishment whereas for the second they provided benchmarks for attainment. For both groups, the PEER review criteria offered a framework on which the reviewers could assess the existing situation and provide an internationally accepted point of reference as a basis for recommended changes. The following tables highlight the results of this large-scale project in terms of recommendations made for activity to be undertaken by the schools¹.

Table 2 demonstrates the recommendations made by the experts in 100% of the new schools and associates them with a corresponding PEER criteria. Of interest is the lack of recommendations made based upon criteria eight (research) and criteria nine (quality management systems). These may indicate that these activities were not deemed essential during the initial establishment period of the schools.

<i>Table 2. PEER recommendations for Establishing Schools and Programmes</i>		
Description	PEER	Frequency
Programme licensing	1.1	100%
Creation of mission statement (through committees)	1.2	100%
Stakeholders conferences & workshops	1.7	100%
Needs assessment	2.1	100%
ASPHER partner visits	2.8	100%
ASPHER membership and conference participation	2.8	100%
Steering committees and advisory boards	3.3	100%
Included external lecturers	4.1.1	100%
Capacity building – external	4.2.2	100%
Capacity building – internal	4.2.2	100%
Faculty development	4.2.2	100%
Production of course materials	5.3	100%
Curriculum design	6.1.1	100%
Resources, books journals & computer software	7.1	100%

Table 3 highlights those recommendations made to schools that were already in existence and undergoing further development. Many of these recommendations were focused upon the formalisation of internal policies. Interestingly, some of the recommendations made within the table were duplicated during the site visits of the present PERFEQT project, such as the formalised policies and quality management processes.

<i>Table 3. PEER recommendations for Developing Schools and Programmes</i>		
Description	PEER	Frequency
Include external practitioners and lecturers	4.1.1	100%
Concentrate on student centred career guidance	5.3	100%
Create and formalise student involvement in decision making	5.4	83%
Increase practical assignments as part of learning	6.1.2	83%
Review training mechanisms and include formalised policy	6.2.2	83%
Clarify, systematise and formalise their quality procedures	9.1	83%

The experiences of this project were written up in a previous ASPHER publication and there are several areas of interest which draw from this publication and project within this present project. Firstly, the use of a common framework was invaluable in the comparison of activities across the region. It was this comparison that demonstrated that second cycle public health training across the EHEA is not level and shows great disparities across many areas such as, governance, management, admissions, curriculum, pedagogy and quality systems. These disparities formed the underlying foundation on which the present project was built, i.e. to understand those differences with regard to the ability of schools to undergo accreditation. The question then remains as to whether the accreditation processes of APHEA could also operate as a benchmarking framework.

European versus American histories

So far the development of accreditation in Europe remained heavily focused on the remit of quality improvement and as such was quite distinct from the role of national accreditation bodies. These national bodies, as can be seen by the results of the questionnaire in this project, are responsible for both the initial licensing of a programme and the right to continue to teach that programme. In America the system was quite different. Pat Evans the incumbent director of Council on Education for Public Health (CEPH) commented in 2000 that, "in most parts of the world, the task of assuring quality in institutions of higher

education is a governmental function, usually implemented by National Ministry of education. In the US quality control is carried out through a complex system of non-governmental institutional and professional accreditation bodies".⁷

Judith Eaton of the CHEA goes further by explaining the government's reliance upon these non-governmental institutional accreditation bodies: "both federal and state government consider accreditation to be a reliable authority on academic quality. Most state governments will initially license institutions and programmes without accreditation. However, states will subsequently require accreditation to make state funds available to institutions and students."⁸

Although the state may be seen as burdensome by some, it can often procure an element of regulation in approach of which more laissez-faire systems are without. At the turn of the 20th century there was deep concern in America about the variance in degrees and education in public health. A report into the standardisation of public health training in 1921 highlighted some of these variants with, "the most serious defect in the whole system at present, however, lies in the fact that certain institutions give not only the certificate in public health but even the doctorate in public health for a course of a few weeks, while others require a period of almost 3 years, and it seems most desirable to affect some form of standardisation in this field." The recommendations were for general standards within the certificate, master, and doctorate of public health as well as the creation of a council of public health education.⁹ It was a further quarter of a century later (January 11, 1946) before the committee on professional education of the American Public Health Association would adopt system of 11 criteria that comprised the minimum requirements for institutions to be accredited for the degree of Master of public health¹⁰ and by the late 1960s programmes of public health, alongside institutions, became eligible for accreditation. At present CEPH has accredited over 50 schools and 100 programmes with several existing outside of American soil¹.

Modern development of European accreditation

The development of European accreditation in public health can be seen within a broader context of quality assurance development across the EHEA which accompanied the implementation of the Bologna Declaration and processes. In 1999, the Bologna Declaration

had called for the promotion of European cooperation in quality assurance but had not stipulated the use of "accreditation."ⁱⁱ By 2003 this had changed and "quality" in higher education now resided at the heart of establishing the European Higher Education Area with a direct commitment for national authorities to include systems of accreditation and the continued development of quality assurance at institutional, national and European levels.ⁱⁱⁱ

Reflective of the American model, the European model for public health accreditation had taken several years to transform from an idea in to reality. After the earlier agreement on the strategic development of accreditation, ASPHER established an accreditation task force to further develop a framework for accreditation. This was followed by institutional agreements between several European partners, European Public Health Association (EUPHA), European Public Health Alliance (EPHA), European Health Management Association (EHMA) and EuroHealthNet, toward furthering the establishment of an agency with the sole responsibility of accreditation. By 2005 initial documents outlining standards and requirements began to circulate. At the same time there had been a wholesale revision of the PEER criteria conducted with the aid of European funds from the Leonardo da Vinci Program. Two programmes in Britain and Lithuania underwent pilot accreditation by 2007¹¹ but it was not until two years later that another group in ASPHER was established to reassess the criteria and make the final push towards the development of an agency. In 2011 the agency for public health education accreditation (APHEA) was launched and at the time of printing three courses both in Britain (The London School of Hygiene and Tropical Medicine), Kazakhstan (The Kazakhstan School of Public Health) and Canada (School of Public Health, University of Saskatchewan) have undergone accreditations^{iv}. In November 2012 the APHEA criteria were revised and an examination of this revision in relation to the present project can be found in Table 6 below. The revised criteria used by the agency formed the basis for the present PERFEQT project, albeit after some analysis and revision to suit the requirements of the project which are further elaborated later in this publication.

The benefits or not of Accreditation

During this phase of modern development ASPHER held a strategic planning process in which members clearly indicated one of their highest priorities was the establishment of the European agency for accreditation. This reflected the earlier developments which had

equally called upon its creation in order to develop standardised quality criteria focused directly upon public health education rather than the generic criteria used at a national level. This mirrored advances not only in other education sectors such as MBAs and engineering but also outside of education in business and industry.

However, to be sustainable in the long term, accreditation has to confer some benefit to the reviewed schools in order that their time, effort and money dedicated to the exercise was rewarded: the pros must outweigh the cons. Previous experience of the American model had highlighted some of these pros and cons within the American system. Although these may not necessarily be replicated at an European level it is worth understanding both the barriers for the uptake in accreditation as well as the reasons why schools and programmes may wish to undertake accreditation. Below are the experiences from America and Europe regarding the positive and negative aspects of accreditation.

Those considered being the more negative aspects of American accreditation (the cons)⁴:

- Accreditation is expensive. There are annual fees for the institution, plus additional charges at the time of the site visit. But the biggest expense is the time and resources devoted to the self-study process by faculty and other participants.
- Accreditation, because its tests only to meeting minimum standards, does not recognise excellence. Thus, outstanding schools and programmes are often frustrated that the stellar performance is not rewarded.
- Accreditation is viewed by higher level university administrators as special pleading for a particular profession, often demanding and even coercing resources, impinging upon institutional autonomy and constraining the ability of the universities to make decisions in the best interest of the entire institution, not just a professional training programme.
- Accreditation is not very effective at weeding out bad schools and programmes. Rarely are schools and programmes taken off the accredited list and usually only after prolonged deliberations.
- Accreditation can do nothing about the many programmes to choose not to seek accreditation. Schools and programmes that do not follow and seek accreditation can pretty much do whatever they wish-except advertise that they are accredited.
- Accreditation is slow. There are many procedural requirements and many due process provisions to learn from the decision-making process.

Those considered being positive aspects of the American system of accreditation (the pros):

- Accreditation promotes quality and improvement in an individual school or programme.
- Accreditation establishes credibility and offers an assurance that an individual institution is reputable. With the ability of nearly anyone with a computer and a post office box number to set up internet based degree programmes, the ability to distinguish between the reputable and the disreputable is growing more difficult.
- Accreditation positions the individual schools and programmes to compete more effectively for resources, both within and outside of the institution.
- Agreement about standards and good practices tends to raise the level of performance across the field; the reputation of the entire field is enhanced.
- Various agencies rely on accreditation status for a variety of purposes, including funding decisions for grants and contracts and establishing eligibility for jobs.
- Students and prospective students can and do rely on accreditation status to be sure that the educational institution has met minimum standards in the field. Accreditation has a consumer protection purpose.
- The ability to transfer credit from one institution to another is greatly enhanced by accreditation status. The decision to accept transfer students rests with the institution, but that institution can rely on accreditation status for information about commitment to meeting minimum standards in other institutions.
- The ongoing self-evaluation and commitment to continuous improvement that is characteristic of accreditation provides an effective system of accountability.
- Accreditation enhances the national reputation of the school or programme and represents external peer recognition.

The positives according to the European system of accreditation ⁱ

- Contributes to the development, transparency and convergence of Public Health education throughout Europe.
- Provides an added value with regard to national quality assurance and accreditation.
- Brings important added value as far as benefitting students and academics, and recognising a school's quality beyond the borders of its home country, potentially providing the graduate with better opportunities for employment internationally and allowing for transferability of qualifications.
- Ultimately improves the quality of the Public Health workforce in Europe and its competitiveness globally.

Within the PERFEQT project there was another highlighted advantage to schools. Many of the region's schools wish to teach programmes in English (or in other popular foreign languages) because they understand the potential market for students coming from other countries. Accreditation for these schools, as part of its marketing process, may be invaluable in demonstrating to the potential international student a quality that can be trusted.

Conclusions

European accreditation forms the backbone to the PERFEQT project and its development was induced by the will of schools public health to assure trust and transparency in quality during collaborative activities. In many ways this reflected previous experiences of accreditation in America which also wanted some form of criteria to assess quality. However the American model was established through the use of non-governmental organisations as the state regulatory bodies exercised a light touch. In recent years Europe has developed the Bologna process which can also be viewed under the rubric of a collaborative exercise. At this international level there is equally a light touch from the regulatory bodies outside of the national context and within nations, accreditation agencies are more focused on generic criteria which apply across many disciplines and not specifically to public health education. Furthermore, in many countries these agencies and their standards, have undergone numerous changes in a short space of time.¹²

Bologna and its remit, including ECTS and mobility represent a large scale collaborative exercise based on mutual trust having preferred harmonisation of national schemes rather than the creation of a supranational quality assurance system.¹³ The European accreditation process represents the desire of the sector to assure transparency of quality within the system and at the same time take advantage of the numerous benefits bestowed by accreditation.

The PERFEQT project, in many ways, represented a combination of both accreditation and the PEER review. During the programme, qualitative site visits took place which followed the accreditation criteria but which were used in a manner associated with PEER, namely, undertaken in a collegial manner whereby recommendations for change represented "should" statements rather than the yes/no observations of an accreditation system. The use of the accreditation criteria in this approach leads to a further question as to the utility of accreditation as a benchmarking framework for future quality improvement within the sector.

QUANTITATIVE SURVEY METHODOLOGY

A main thrust of this project section was to create a web based survey based around the accreditation criteria in which schools could be assessed as to any "gaps" between their current position and that of gaining a positive accreditation outcome. The survey would use three distinct sections with the first looking at institutional questions, the second an investigation of the gaps and the final section an enquiry over schools' own perceived needs.

Institutional Questions

The first section required data about the respondent school and was initially deemed relatively straightforward. The questions included school name and country but, although basic in nature, it became apparent during analysis that the questions could have also included city name to avoid confusion during the follow-up phases when there were several master programmes in one country. The data concerning the country could then be cross-referenced with World Bank GNI/capita data and United Nations regional classifications to form additional variables.

The survey then asked for the programme name, the programme establishment date along with the school establishment date. This was not only to enquire about the specific title of the course but also to enable variables of date and title name to be used in the analysis of the data. During the process it was clear that the questions "programme established in" and "school established in" were open to interpretation as several schools mentioned either their town or country which would entail an elucidatory follow-up. This was often complicated, although not prohibited, through the inability to recognise individual schools within a country as highlighted above. More importantly, the questionnaire noted that when asking for the programme name it was interested in MPH or MPH type programmes which included all programmes which followed on at least from a first cycle degree education with a focus on public health and which are generally considered "master" level.

There was then an interrogation as to respondent school's knowledge of existing or competing programmes in their country: "Number of MPH or MPH type programmes in your country?" This had the dual purpose of firstly being able to identify or map the extent of

master level education in the EHEA which could also help identify programmes and schools outside of the ASPHER network which could be subsequently contacted. Secondly, it substituted a specific accreditation criterion which asked schools for their knowledge of competing programmes of public health in the country. The results from this section were quite interesting in so much that in all the countries, bar one, there was a disagreement of opinion about the number of existent programmes. This hindered any approach to programmes outside of the network because there was never clarity as to whether there were any additional programmes. Finally, there was an enquiry made into the existence of formal national accreditation bodies involved in either the licensing and continued accreditation of the programmes.

During the process it became obvious that a substantial amount of data concerning both the schools and the programmes needed double checking through the websites of the schools and follow-up emails. Often respondents only indicated the University name rather than their school name which was requested and this meant trawling through websites to correctly identify the precise department/faculty/school title. There was less ambiguity with regard to the programme titles, however some schools had put in either terms which were too cryptic, in their national language or in some cases there was a copy paste of the school name in both the programme title in school name response sections.

Accreditation criteria-based questions

There were several stages of methodology implemented to complete this section including a clarification of the existing criteria, a comparison with other external criteria and finally the generation of a response scale.

The APHEA accreditation criteria were intended to be used in a very simple manner by questioning the schools about their compliance with individual sub criteria/standards which would be used as interrogatory questions. However, during the initial stages it was soon evident that the criteria used within accreditation were rather difficult to use in this manner because often individual criteria contained a multitude of questions which were not sub categorised. That is to say, for example, that in one particular criterion there could be several individual questions asked and that these were not separated or broken down in any fashion.

The first stage therefore was to sub categorise the accreditation criteria in to their smallest constituent parts where questions could elicit singular responses. For example the original criteria 5 (human resources and staffing) broke down from an initial 3 criteria in to 14 separate and individual questions. There were a handful of criteria that remained as "multi-faceted" questions as they proved too difficult to separate down, often dealing around

Criteria	Original	separated
1	7	7
2	4	8
3	9	10
4	5	8
5	3	14
6	5	9
7	5	5
totals	38	61

holistic themes, such as the roles of particular staff members having several areas of responsibility. Finally, perceived repetitive or duplicated questions were removed or the language changed. The results of this exercise can be seen in Table 4 which demonstrates how there were 38 individual sub criteria included in the original accreditation standards but when separated into individual questions, alongside the removal of repetitions, there remained over one and a half times the amount of the initial standards/questions. Such a large number of questions would be difficult to include in a web-based survey and required reduction.

The second stage attempted to look at the criteria and compare them to how they are expressed in criteria from other accreditation agencies and organisations. This was in many ways a repetition of the exercise demonstrated earlier during the development of the accreditation system by ASPHER as seen in Table 1. The previous exercise had only looked at the overarching criteria categories and not the internal subcategories or lines of enquiry. As such this present exercise had more in common with the work previously undertaken by Ton Vroeijestijn¹⁴ and to a lesser extent, Bernhard, Fiorioli and Nyborgs¹⁵ who, through two distinct studies compared the individual criteria of accreditation agencies. Vroeijestijn's work for the Netherlands Accreditation organisation (presently entitled the Netherlands Flemish Accreditation organisation - NVAO) had compared 13 separate accreditation agencies and their respective criteria for programme evaluation whereas the second study for the, European Consortium for Accreditation in higher education (ECA), had compared two agencies. These studies, however, were not used as part of the project questionnaire as firstly they were quite old and accreditation criteria change on a regular basis. Furthermore, there was not a focus on second cycle programmes in Public Health and

lastly, there would be inconsistencies created by not using the APHEA criteria as the base reference point on which other criteria were to be compared.

Programme accreditation criteria from six different agencies were used including, the European Association for Public Administration Accreditation (EAPAA^v), Council on Education for Public Health (CEPH^{vi}), World Federation of Medical Education (WFME^{vii}), the Swiss Center of Accreditation and Quality Assurance in Higher Education (OAQ^{viii}), the European Programme Accreditation System (EPAS^{ix}) and the European Association for Quality Assurance in Higher Education (ENQA^x). The latter criteria were focused at an institutional level but the individual criteria corresponded well to the programme focus contained within the APHEA criteria.

No of Criteria	Compatible frequency
6	3
5	5
4	3
3	12
2	13
1	12
0	13

Other criteria and standards were reviewed during this process but were not used for the following reasons. Criteria from Western Association of Schools and Colleges (WASC^{xi}) was noted as institutionally based and this was the case also for EQUIS^{xii}. Finally, the UK Quality Assurance Agency for Higher Education or QAA^{xiii} was not included as, although they contained specific areas comparable with APHEA they were based on the production of evidence and not around interrogatory site visit based standards.

A total of three rounds of comparison were conducted which produced a compatibility table whereby any criteria with over 3 comparable mentions with other agency criteria were to be considered for the survey (see Table 6). An additional question was further added through separating criteria 6.2 (resources) into both physical and virtual resources. This exercise had to take into account differences in question/standard format as well as language differences but in the main, the sections related quite well. There were "leftovers" however with some accreditation from other agencies not represented in the APHEA criteria and these are not represented here.

The results of this brief scan of the other criteria was an attempt to build a framework for reducing the number of questions based on comparison and the results can be found in Table 6. During the project APHEA also undertook a revision of their criteria which saw a reduction in the amount of criteria used and these have also been included in the

compatibility table. The criteria that were to be used in the project are indicated in the table upon which a final round of disambiguation was undertaken to clarify specific criteria. For example, the original criteria 3.7 read "There is evidence of inclusion of elements stemming from the Bologna Declaration and process within the programme" which was felt to be obscure and also covered the criteria on the exchange of students. This example was simplified to read "The credit system allocated to the programme is expressed in ECTS." There were in total 24 criteria (including virtual resources) to be used in the project survey and these represented 41% of the original APHEA criteria and 54% of the APHEA revised criteria. The final set of questions can be found as part of the finalised questionnaire in Appendix A.

During the verification of the data for this publication, it unfortunately came to light that there had been a repetition in one of the questions placed on the web survey. Criterion 1.1 had been duplicated and reproduced as criterion 5.1 and was not detected throughout the survey period. This has entailed that the original question "There is a central core of academically qualified teaching staff dedicated to the programme" had not been surveyed and will take no further part in the quantitative research. On the more positive side the responses for both 1.1. and 5.1 were exactly the same and the missing criterion remained part of the qualitative on-site visits.

Table 6. APHEA Criteria compared to other accreditation

APHEA	EAPAA	CEPH	WFME	OAQ	EPAS	ENQA	REVISION	PERFEQT
Governance and Organisation of the Programme								
Criterion 1.1. The parent institution is legally recognised / accredited by national educational authorities and allowed to deliver the Master programme and issue degrees.		X		X	X	X	X	✓
Criterion 1.2. The programme administration and faculty shall have clearly defined rights and responsibilities concerning programme governance and academic policies appropriate to fulfilling the aim of the programme.		X	X	X			X	✓
Criterion 1.3.		X	X				X	
Criterion 1.4. There is a competent academically qualified person (or group) responsible for the coordination of the programme. This person must have influence in decisions concerning: General programme policy and planning, Degree requirements, New courses and curriculum modifications, Admissions, Certification of degree candidates, Teaching assignments, Use of financial and other resources for programmes.	X	X	X					✓
Criterion 1.5.							X	
Criterion 1.6. The programme has effective communication tools (website, brochures etc.) to present itself externally in an open, adequate, up-to-date and honest manner.	X				X	X	X	✓
Criterion 1.7. Faculty and student representatives are involved in the management of the programme.		X	X	X			X	✓

Aims and Objectives of the Public Health Programme								
Criterion 2.1.(1) The programme has explicit programme aims in line with the mission of the institution.	X	X	X	X	X		X	✓
Criterion 2.1.(2) The programme aims are shared amongst the staff and host and/or founding institution(s) and known to students and stakeholders.			X	X		X		✓
Criterion 2.1.(3)					X			
Criterion 2.2.			X				X	
Criterion 2.3.		X						
Criterion 2.3.(1) The final qualifications and learning objectives correspond to general, internationally accepted descriptions of the qualifications of an academic Master programme.	X	X			X		X	✓
Criterion 2.3(2)			X		X			
Criterion 2.4. The programme demonstrates appropriate responsiveness to change in the environment, scientific evidence and health needs and demands of populations.		X	X			X	X	✓

The Curriculum								
Criterion 3.1. The programme content falls within the following core areas:- Methods in Public Health- Population health and its determinants- Health policy, economics and management- Health education and promotion - Other/cross-disciplinary themes	X	X	X			X	X	✓
Criterion 3.2 (1)	X		X				X	
Criterion 3.2.(2)	X				X			
Criterion 3.3. The core components of the curriculum provide a thorough teaching of the basic concepts, theories and methods of public health.	X	X	X				X	✓
Criterion 3.4. The didactic concept as applied throughout the programme is in line with the programme aims and final qualifications of the programme. The teaching methods correspond to the didactic philosophy of the programme.	X		X		X		X	✓
Criterion 3.5. Students are assessed in an adequate, meaningful and insightful manner by means of evaluations, tests and examinations, to determine whether the learning objectives or parts thereof have been achieved.	X	X	X	X	X		X	✓
Criterion 3.6.		X	X				X	
Criterion 3.7. There is evidence of inclusion of elements stemming from the Bologna Declaration and process within the programme.		X	X	X	X		X	✓
Criterion 3.8.					X		X	
Criterion 3.9. There are opportunities for international exchange of staff and students.			X	X	X		X	✓

Students and Graduates								
Criterion 4.1.(1) The programme has clearly defined admission criteria and recruiting policies coherent with the aim and objectives of the programme: formal criteria for admission requirements include that of an undergraduate degree from a recognised university, further requirements (e.g. language skills, additional academic degree, international experience) and the profile of individuals showing motivation to undertake a career in public health.	X	X		X	X	X	X	✓
Criterion 4.1.(2)	X		X					
Criterion 4.1.(3)								
Criterion 4.2.			X			X		
Criterion 4.3. The institution provides accessible counselling services for personal, academic and professional development of students.	X	X	X	X	X	X	X	✓
Criterion 4.4.(1)							X	
Criterion 4.4.(2)					X			
Criterion 4.5.					X			

Human Resources and Staffing								
Criterion 5.1.(1) There is a central core of academically qualified teaching staff dedicated to the programme.	X	X	X	X	X	X	X	✓
Criterion 5.1.(2)								
Criterion 5.1.(3)								
Criterion 5.1.(4)	X				X			
Criterion 5.1.(5)	X	X						
Criterion 5.1.(6)					X			
Criterion 5.1.(7)		X	X					
Criterion 5.1.(8)		X						
Criterion 5.1.(9) The workload of teaching staff is adequately balanced between teaching (including curriculum and material development and student guidance), administration, research and service.	X		X	X				✓
Criterion 5.2.		X	X				X	
Criterion 5.3.(1)			X		X		X	
Criterion 5.3.(2)			X				X	
Criterion 5.3.(3)			X		X			
Criterion 5.3.(4)								

Supportive Services, Budgeting and Facilities								
Criterion 6.1. The programme has financial resources sufficient to support its stated aims, final qualifications and learning objectives.		X	X		X		X	✓
Criterion 6.2.(1.1) Library learning resources are provided for students and staff with sufficient access to these resources.	X	X	X	X	X	X	X	✓
Criterion 6.2.(1.2) The school holds online journal subscriptions to support up-to-date relevant health literature searches, databases and online educational material.								✓
Criterion 6.2.(3)								
Criterion 6.2.(4)								
Criterion 6.3.							X	
Criterion 6.4.							X	
Criterion 6.5.(1)								
Criterion 6.5.(2)								
Criterion 6.5.(3)			X					

Internal Quality Management								
Criterion 7.1. An operational internal quality management system is in place, broadly inclusive of staff, students and stakeholders.	X		X	X	X	X	X	✓
Criterion 7.2. There is continuous data collection and analysis that assures necessary modifications in the learning objectives, the content of modules, staffing, and pedagogical approaches. Results of analysis are relayed accordingly to senior management, staff and students.	X		X	X	X	X	X	✓
Criterion 7.3.						X	X	
Criterion 7.4.							X	
Criterion 7.5.	X							

Scaling system used

Since the beginning of the project discussions had taken place as to how the criteria or questions could be scaled for responses. The initial ambition was to have some form of understanding as to the level of compliance and also whether schools were in the process of adapting or changing their systems. To this end a four point Likert scale was proposed to consider both the compliance and levels of development or change toward compliance: Yes, we comply / No, we don't comply but we are in the process of trying to reach this level / No, we don't comply and it is very difficult for us to reach this level / No, we don't comply and so far we are not moving towards this goal. However after lengthy discussion it was deemed that such a "wide" set of responses would be difficult to analyse. It was further agreed that for each question the responses would be reduced down to a three-part scale with the following responses being elicited: i, We comply, ii, We don't yet comply but we are in the process of trying to reach this level^b, iii. We don't comply.

Surveying school needs

In addition to the quantitative questions, the study also wished to look at the needs of the schools. For this part a more open qualitative response was sought. The seven criteria categories were used as a framework for the questions and respondents were asked to inform the project about any areas in which their school/programme could improve or might benefit from the assistance of an association such as ASPHER. A further question under the title of "other" was included in case respondents had issues outside of the APHEA framework. Respondents were asked for a maximum of three responses per category.

Piloting the questionnaire

Once the questionnaire had been developed, the team undertook a pilot study. This was tested on five ASPHER members and feedback was requested. The following Table 7 demonstrates the alterations made for the questions to be asked. This resulted in the finalised version of the questionnaire (Appendix A.) which was then transposed in to a website.

^b This response is often shortened to "not yet, but trying" in the graphs due to the limitation of space

Table 7.Changes based on pilot phase feedback

Criteria	Issue	Solution
4	Programme should be defined	Use of "At least after 1st Cycle" to look at APHEA.
6	MPH should be defined	
1.4	Large areas - what happens if only partially met?	Reduce areas
1.7	"involvement" not very specific	Use "formally involved"
2.1 (2)	Shared aims too broad perhaps breakdown staff/students/stakeholders	Use just Staff
2.3	Review second cycle	Add "academic master programme"
2.4	"Appropriate responsiveness" What does this mean?	Use "the programme is designed to respond"
3.9	What does "opportunities" entail i.e. financial support etc	"International exchange of S&S is facilitated"
4.1 (1)	"motivation to study" not needed in national system	End text at "programmes"
5.1 (1)	Academically qualified should be clearer	Leave text as is.
6.2 (1)	Library outside of usual school hours?	"sufficient access to learning resources"
Part C	Continual improvements required but would need discussions with faculty and others	Leave as is.

Distribution and collection

The three parts of the questionnaire were then developed into a web based version so that a simple web link could be communicated to members and the resulting data would be automatically refined into an Excel spreadsheet as well as emailing a narrative data sheet to the distributor of the questionnaire. The web based format also allowed respondents to easily access the APHEA eligibility criteria which contained the information of the curriculum content and appeared on the site as a link to a pop-up window. A total of 71 Deans and Directors from schools in the ASPHER were approached. This number was slightly less than the membership of ASPHER as in some cases the schools were known not to have master level public health education and in several other cases the contact points in the schools were in transition and no new details were available.

The whole process of distribution and collection took two months to complete with four rounds of requests from schools, 16 schools responded in the first round, 19 schools in the second round, 9 in the third and 7 schools in the fourth round. Following the completion of the questionnaire 12 schools had to be re-contacted for clarification of the data contained within their survey responses. This was achieved by re-sending them the narrative data tables deriving from their input. In the main this re-contact was due to, missing data, clarification of potentially erroneous dates, respondents indicating location instead of dates,

and finally one respondent who misunderstood the request for needs and entered data concerning how they met these needs in their operations. The majority of those questioned returned corrected questionnaires with seven not responding. However their responses in different parts of the survey could and were used where applicable.

The following list breaks down the response rates from schools spread over 29 countries:

- 51 completed the questionnaire
- 6 schools said they didn't have an MPH
- 2 school's said they didn't want to help
- 2 had entered the first page only and no other data
- 10 schools didn't reply at all (2 said they would reply but didn't)

Interpretation of the data

There were then three parts to the survey which the team would have to review and analyse; firstly, country, institutional, school, programme and national accreditation details, the second "gap" data and thirdly the more qualitative needs data.

As mentioned, the country information would allow the addition of two extra variables to be considered. Firstly, the countries could be associated with the GNI / capita from the World Bank^{xiv} which would be taken as giving an indication of the wealth of the country. The World Bank then categorises countries using a classification of high, upper middle, lower middle and low but these produce a rather crude classification of which all but one of the schools in the survey would exist in the top two categories. This survey, on the other hand, used the World Bank wealth data but banded the countries into categories of \$20,000 which produced four categories of wealth status with the band for \$61,000 to 80,000 omitted as there were no countries within this category

The second would be to associate the country within a United Nations regional definition^{xv} which could separate the countries along North/East/South/West criteria. However, this latter data was refined for analysis to ensure that those countries typically perceived as CEE were included in a CEE region otherwise anomalies would arise, such as the Northern region containing both Lithuania (\$12,280 GNI/capita) and Norway (\$88,890 GNI/capita) where politically and economically these countries are incomparable. The refined region classification can be found in Appendix B. These variables would help interpret the data

which was conducted through the preliminary use of Excel and then SPSS to analyse the categorised or banded data using Chi squared analysis as the sample size was deemed too small for multivariate analysis. All the results from the quantitative part of the survey were held in tact for an illustrative representation in this publication. For Chi square analysis all variable data were aggregated including, all date information, wealth and overall criterion compliance. In the main this would entail several banded categories. Dates of school establishment were banded into three epochs (1899-1960, 1961-1990 and 1991-2013) which reflected periods of development which can be seen in Figure 12. For programme establishment it was a bit more difficult as the majority of programmes started after the year 2000. Here, the banding consisted of four categories (up to 1980, the 1980s, the 1990's and after 2000).

Alternatively, the aggregation of the overall criteria was based around converting the three responses, we comply, we don't yet comply but we are in the process of trying to reach this level and, we don't comply, into a binary yes / no response. We comply responses formed a 1 integer whereas all responses in the last two areas formed a 0 integer. Although rather harsh, as not complying in any one section would not automatically imply a negative accreditation result, it did at least provide simple and straight forward mechanism for Chi square analysis.

The "needs" or qualitative/open data analysis was rather more complicated. During the questionnaire survey schools were asked for three needs based around the seven criteria of accreditation with an additional 'other' category. The text at the top of the page read:

"We would now like to ask for your perceived needs. Below are the 7 categories used throughout this questionnaire with an addition of an open question. We would like you under each category, if possible, to tell us about areas in which your school/programme could improve or would benefit from assistance and why (3 maximum per category). For example, if a perceived need was for faculty development in a specific subject area or skills training it would go under criterion 5 "we require faculty training in epidemiology, pedagogic skills etc." This information will be used by ASPHER to approach funders for activity to service your needs." ^{xvi}

During the analysis it was noticeable that the needs of the schools did not fit neatly into the criteria categories provided. Three explanations for this could be firstly, that many operational issues involved in a school cannot be neatly categorised under single headings. For example, feedback from alumni may influence pedagogy, training content, career counselling or even the composition and working of the school's operational units. This might also subsequently entail that respondents consider the allocation of their needs under different criteria than those proposed by APHEA, in the example given they may place this need under students and graduates (criterion 4) whereas the APHEA criteria may place it under quality management systems (criterion 7). Another explanation is that the need is not represented in the criteria. Many schools in the region, as an example, are in the process of internationalising their education and several schools had emphasised needs in this regard which may be viewed under a category such as students and graduates but nonetheless are not included in the accreditation criteria.

These issues meant that the data had to be coded along the lines of major themes encountered so that the resultant data could, as much as possible, be analysed in line and under the same seven criteria headings used in the second part of the questionnaire. There were 27 schools which had indicated the needs of their schools and these schools had indicated a total of 186 need responses. There were two separate rounds of coding conducted by two members of the team. This placed the responses into 14 separate categories. Seven of these categories directly related to the accreditation criteria albeit without the inclusion of criterion 2 (aims and objectives of the programme) and criterion 4 (students and graduates). Out of these numbers roughly 15% of responses were allocated into a "non or misunderstood responses" category as the coding team were unable to fully decipher the meaning of the responses or where the responses from the school had evidently misread or misunderstood the question.

Finally, there was a third round of aggregating the coding whereby any duplications or repetitions within individual school feedback was accounted for. The process saw some schools entering either the same data in different categories (with some simply copying and pasting the feedback into different categories) or had referenced the same response, for example, mentioning governance issues in three different criteria categories. This latter observation could have emphasised the pervasive nature of particular needs which the

school had recognised, for example, there may be one issue that pervades all aspects of their school and hence would fit in different categories. The aggregation would take into account multiple entries under individual coded categories and simply indicate a single response which could then be analysed. The resultant aggregated responses left a total of 113 separate and individual need responses from the schools in the region.

The summary results of these three rounds of coding along with the allocation to accreditation criteria and the description of the coding are contained in the relevant section below. This data was further reviewed during the workshop by a group of representative schools from the region and this too is examined further below.

QUANTITATIVE SURVEY RESULTS

This section of the publication deals with the results deriving from the survey of which 51 schools responded. The structure follows the main format of the questionnaire from the introductory/institutional questions through to the gaps and finally the needs.

Introductory questions

The first page of the survey dealt with eight basic questions and the two final questions separated into two parts where the name of the national accreditation bodies were requested and these are highlighted in the box below.

1. School name
2. Country
3. School established in
4. Programme name
5. Programme established in
6. Number of MPH or MPH Type programmes in your country
7. In your country, is there a formal body responsible for licensing of new programmes.
(If yes please tell us the name of that body)
8. In your country, is there a formal body responsible for issuing accreditation of existing programmes.
(If yes please tell us the name of that body if different from above)

School names and their programmes

Although 51 schools had responded to the survey, just under a quarter had entered their university structure name rather than school name. This data was corrected through a thorough search of the respective websites and corrections were made where necessary. This section proved fruitful as the information gleaned from this one question was rather interesting and potentially answers a series of issues raised nearly 20 years ago. In 1995 Evelyn De Leeuw, the then general secretary of ASPHER looked at the institutional structure of 54 Schools of Public Health within the region. The argument put forward was that:

"To meet future needs two types (the US style School of Public Health as a stand-alone academic entity and the cross-school programme in public health with formal ties to national public health authorities) seem to be the

most promising alternatives. New schools should strive to take on one of these shapes, and the rejuvenation of existing schools might, via accreditation procedures, evolve in those directions too."¹⁶

This article also proved interesting in so much that it considered the definition of a School of Public Health rather loosely. Indeed, the lack of definition of a School of Public Health in Europe continues to this day and has been approached by this study through the inclusion of the educational output, namely second cycle education in public health, rather than the school fulfilling a specific institutional name or criteria. Table 8 represented here highlights what was considered by de Leeuw as "schools of public health" and provides an historical background to the present survey data.

<i>Table 8. Previous SPH definitions</i>	
Type of school	Number
In medical University	5
In medical school	18
In other school	3
University programme	0
Ministry branch	10
Ministry program	0
Research Institute	5
School of public health	13
Total	54

This present data would suggest that there has been no major movement toward the recommendations put forward as to the shape of the school over the last 18 years. Furthermore, the autonomous or cross-school recommendations of the past article are absent from the present accreditation criteria and, as can be seen from the qualitative site visit data, it may well be argued that this recommendation is not always in the best interest of the school.

The arguments put forward in De Leeuw's paper were questioned by a subsequent article in the Lancet which argued "but it is not quite clear what is behind these structures and the understanding of public health that they reproduce. The classic model of schools of public health, as a department of medical schools, reproduces a medicalised version of public health that constrains their development."¹⁷

Within the present accreditation criteria there is a specific criterion (criterion 3.1) which stipulates the eligibility criteria³ of a programme of public health and the individual ingredients that it should contain (see eligibility criteria in Appendix C.). The criteria explicitly puts forth a multidisciplinary approach in line with a fully modern and comprehensive view of public health education and was built upon wide ranging research

conducted by Birt and Foldspang as part of ASPHER's European Public Health Competences Programme¹⁸.

Table 9. School names from this project

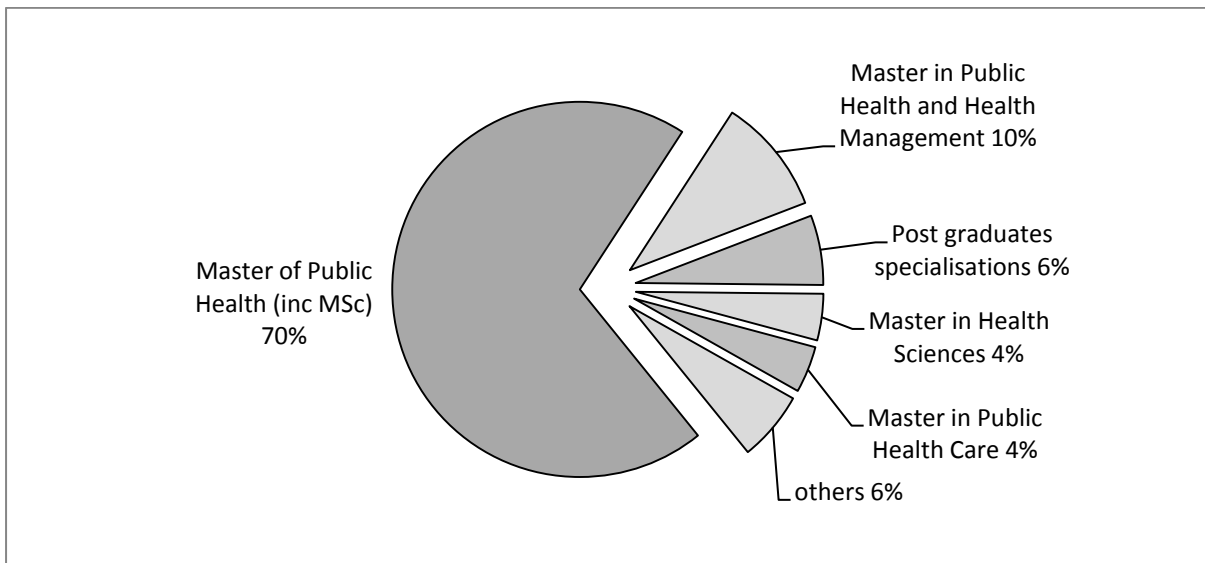
School name	No
School of Public Health	13
Faculty of Public Health	8
Department of Public Health	4
Hygiene and Preventive Medicine	4
Institute of Public Health	4
Faculty of Medicine	3
School of Health Sciences	2
Centre of Public Health	1
College of Health Sciences	1
Department of Community Medicine	1
Department of Health and Applied Social Sciences	1
Department of PH & Health Technology Assessment	1
Department of Social and Health Sciences	1
Faculty of Health Care and Social Work	1
Faculty of Health, Medicine & Life Sciences	1
Faculty of Life Sciences	1
School of Health Studies	1
School of Hygiene & Tropical Medicine	1
School of Management in Public Health	1
School of Medicine	1
Total	51

All but three of the schools that replied (n=48) had indicated that they fully complied with this criterion (3.1) and of the three that didn't, all were in the process of trying to comply. Furthermore, all of these three schools had lower average compliance across all of the criteria, which may signify that the curriculum was only one of many issues facing them. More importantly perhaps is that, of these three schools, only one offered a master with 'public health' in its title. The name of the programme and school may consequently be worth investigation: the data demonstrated that all those schools which were called "Faculty of Public Health" came from the CEE region, the schools in Italy were titled with "hygiene and preventive medicine" and "schools of health sciences" came from the Nordic region. All of the other titles showed no discernible themes. Based on these findings, it would be possible to assume that the teaching of a comprehensive public health curriculum

is not reliant on the type of institution or its institutional binding to organisations, medically-based or otherwise.

The study found that 70% of those schools who responded had Master of Public Health programmes which covered both the MPH and MSc awards and a further 14% included public health in the title combined with other areas such as management, health care or epidemiology. This would also indicate that the delivery of a comprehensive public health curriculum was not reliant upon the title of the programme. To many, the name of the award school may not be important but in the international development of schools and programmes there is an anecdotal tendency for American-based assistance to demand that the programmes are called public health whereas in European assistance, as was seen in OSI ASPHER developmental project, no such requirement exists. Such requirements may stem from the use of the term and the nature of the differing systems, for example, nearly 100% of the American accredited programmes contain the term public health and the only exception to this is the Université de Montréal's Master in community health which is outside of America¹. What is perhaps most interesting, and food for that further thought and comparison with European systems, is why 100% of accredited schools in America have public health titles but out of the accredited programmes, less than one fifth come from faculties, departments or schools with public health in the title. Within the European region, it has previously been pointed out that in some countries, schools can be legally prohibited from using the term "public health" as it is not recognised by one or more of the Ministries of Labour (MoL), Finance (MoF), Health (MoH) or Education (MoE) but the content of the programmes can be equal to a modern MPH offering¹.

Figure 2. Public Health Programme Titles (n=50)



Combining the school and programme data, (and based on available response data) leaves only three institutional examples where public health was neither included in the school or programme titles: three schools of Hygiene and Preventive Medicine, two Schools of Health Sciences and a Department of Social and Health Sciences. Interestingly, the first two of these types of Institutes are nationally and regionally focused which may indicate other reasons, such as legal restrictions, as to why public health was not contained in their programme titles.

Table 10. Programme names from this project

Programme titles	No
Master of Public Health	26
MSc in Public Health	9
Post graduate specialisations	3
Master in Public Health and Health Management	2
Master in Public Health Care	2
Master in Health Sciences	2
Public Health Epidemiology (postgraduate)	1
Master of Medical Sciences	1
Management of Social and Health Services	1
Management in Public Health	1
Health Promoting Organisational Development	1
Health Care Management	1
total	50

Perhaps the most important finding is that for all schools in the survey, except one, that established after 1995, all had Master of Public Health programmes. The exception comes from a national system which does not recognise the term "public health" and which may legally restrict the school from the title "Master of Public Health" and based on the questionnaire, this programme fully complied with the eligibility criteria of APHEA. This means that all the non public health programme titles, bar the one programme highlighted, derive solely from schools over 18 years old.

From the evidence provided from this respondent survey it would seem that, over the last 18 years, the content of public health education has gone some way towards standardisation and that neither the institutional placement of the School of Public Health nor the name of the school or academic award has a bearing on this. What is perhaps more disconcerting is that some of the discussions and differences in the understanding of public health still continue nearly a fifth of a century later. During the clarification of institutional and programme names, required by this section of the research, a definition of public health found on one school website read, "Public health is the field of medicine that is concerned with the health of the community as a whole" of which the likes of Navarro had been quite specific 18 years ago: "Public health is not a branch of medicine, but medicine is a part of public health."¹³

New schools and programmes of new public health

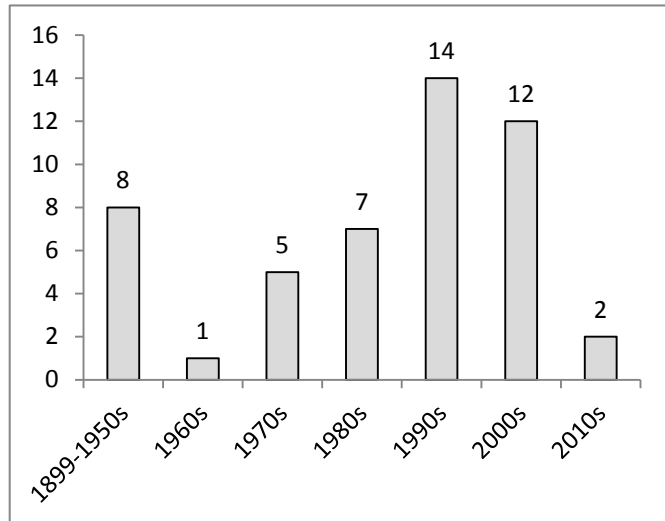
The work undertaken in 1995 fits within a context of a changing perception of public health which includes the World Health Organisation's global strategy of health for all by the year 2000¹⁹. As Ashton and Seymour point out, the three main objectives in the strategy consisted of promotion, prevention, and rehabilitation health services; "the common theme of all public health strategies of health promotion and prevention is a shift in the direction of health of the entire population, rather than a concern solely with individuals" and, "is intended to achieve a shift away from a narrow medical view."²⁰ It is these elements which comprise the basis for the modern conception of 'new' public health. Although this version of 'new' public health demonstrated a return to the promotional aspects of "new public Health" propositioned by Winslow in the 1920s²¹ it differed drastically from the bacteriological "new public health" bastioned by Hill at the beginning of the 20th century²². More recently the WHO EURO has built upon the previous Health for all policies with the introduction of its Health 2020 strategy which will frame the discussion of public health in the European region over the forthcoming years^{xvii}.

In the same year as ASPHER attempted to develop a European Masters programme in line with the Health for All strategies²³ which, as pointed out previously, was the seed of modern accreditation, a governmental enquiry in England lead by Donald Acheson led a call to arms: "we recommend that the relevant training institutions and professional bodies should

discuss how best to achieve multidisciplinary awareness and collaboration in the training of public health practitioners including the possibility of establishing a school or schools of public health."²⁴

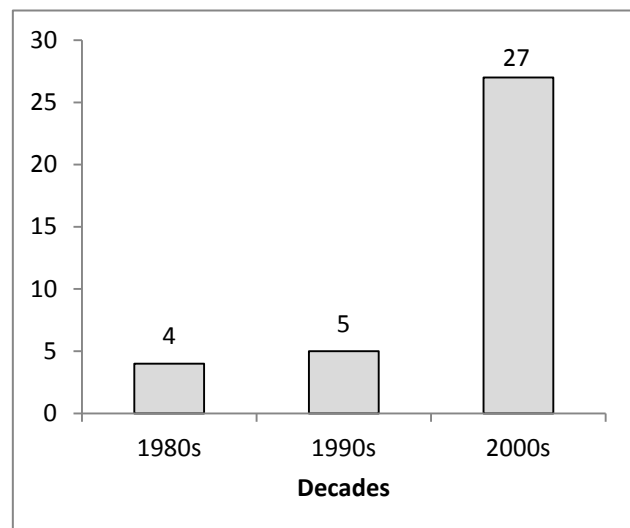
There were two age-related questions within the survey, the first enquired after the age of the school the second asked for the age of the programme. The survey revealed that 39% (n=19) of the schools that replied with clear responses (n=49) existed before Acheson's call to arms and 61% came to life after this point in time. The former category existed mainly in the

Figure 3. SPHs established since 1899



traditional Western European countries and included one in Poland and one in Israel. The second category of schools which developed after this point contained 60% (18) of schools being developed within the Central and Eastern European region with 40% (12) in the Western European region. A potential problem with assessing the development

Figure 4. "Public Health" Programmes Established



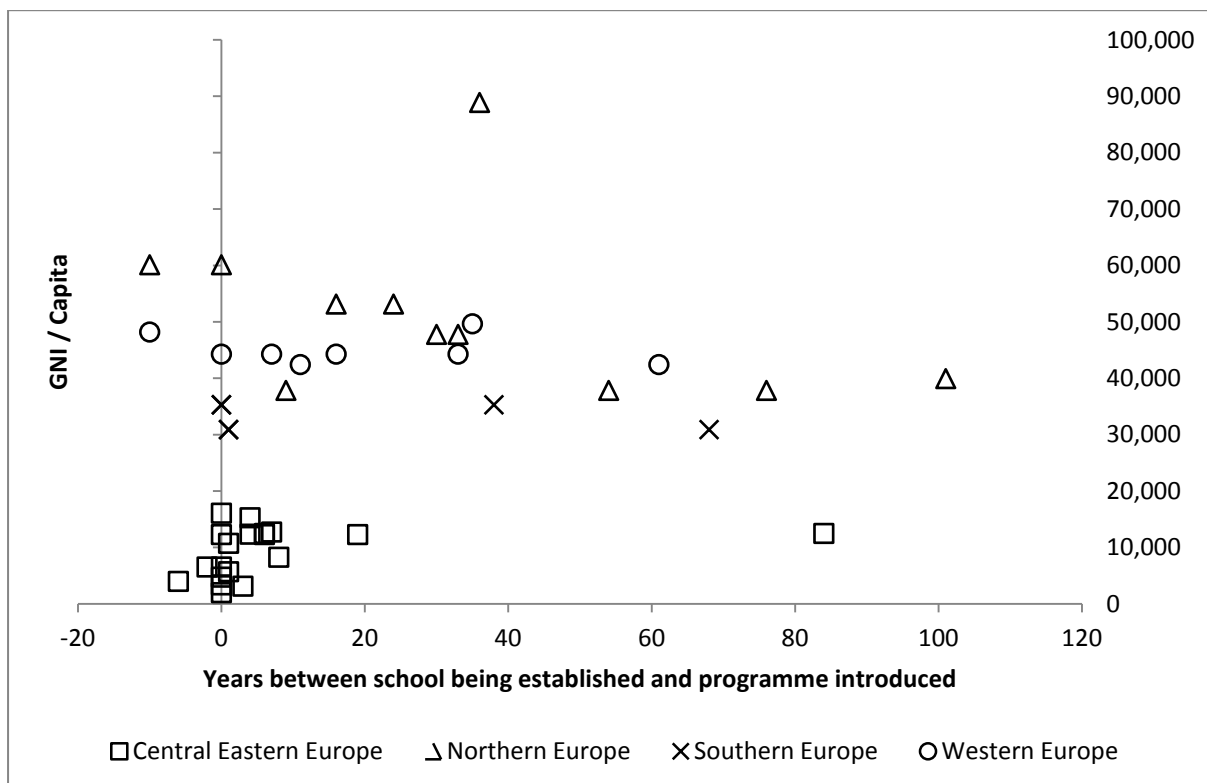
of public health through the establishment of Schools of Public Health returns to the lack of definition of a school of public health. Although there is no agreed definition on the term 'school of public health' some commentators do agree that they should provide postgraduate public health education with the MPH being a basic degree^{25,26}.

Of those 41 schools in the survey which offered programmes with public health in the title, five didn't respond with details of the programme age and from the remaining 36, the oldest started in 1985. Moreover, only schools in Spain and the UK began before 1990. The most striking feature is the development of 75% of the programmes within the first 10 years the

21st century. From this evidence, if these results can be extrapolated across schools which are neither in the ASPHER network or survey, it demonstrates that public health education over the last quarter of a century has completely and radically changed. As had been mentioned above, all but one of these had stated that they complied with the multidisciplinary nature of the accreditation criteria. This again could potentially demonstrate that it is not the location of the school within a larger university system or the name of the school or programme which is important but rather the content of study that they offer.

The following scatter graph (Figure 5) attempts to show the difference between the date in which the school was started and the date which the programme in public health started and then aligns this difference to the wealth of the country. The wealth of the country is used as a variable as it performs as a graphical measurement better than having individual country names or indicators.

Figure 5. Age difference between school & programme, wealth of country & region



Schools which had been in existence for a long time before their programmes had originated will tend toward the right-hand side of the graph, for example, on the right-hand side there is a point at 40,000 GNI per capita which shows that a Northern European school

had been in existence for over 100 years before the programme had originated. The smaller the difference between the age of the school and the age the programme the more to the left of the graph that programme will be positioned. On four occasions the programmes were older than the school which raises questions about where the programme was housed. The potential reason for this could be that the school was built around a programme, had changed names or had adopted a programme from another organisation but as the survey did not question this it remains unanswered. The average age between the establishment of the school and the introduction of a programme was 17.4 years although this remains an abstract concept as some schools were quite old before they introduced a programme. In the majority of cases (n=23) the programmes were established within the first nine years of the school. Out of this number, 10 schools developed programmes in the same year and four schools had programmes arriving within one year of the school's establishment. This shows the linking in many cases between the development of the school and the development of the programme in that they were established at or around the same time. An interesting aspect to derive from the use of GNI per capita in this scatter graph is the distribution of wealth throughout the different for regions. Viewed horizontally, the trend can be seen in which Northern European countries are the wealthiest (average GNI/capita = \$54,617) , Western European countries slightly below (average GNI/capita = \$46,133), Southern European countries occupying the third position (average GNI/capita = \$33,090) and Central and Eastern European countries placed at the bottom of the graph (average GNI/capita = \$8,637). The relationship between both the region and the wealth of the country will be investigated further in the sections below.

As can be seen there are two separate themes. On the one hand there is a broad scattering of age difference across the >\$20,000 GNI/capita countries and alternatively there is a clustering within the lower <\$20,000 GNI countries. This may provide at least one reason as to why the number of programmes exploded in the early years of the turn of the century. This clustering in the bottom left-hand corner represents all those schools in the Central and Eastern European region.

The committee on educating public health professionals for the 21st century had pointed out that the history of education in Schools of Public Health has been one of evolution and changes in response to knowledge, needs of the times, funding sources and opportunities

for improvement.¹⁹ It is the funding sources which are of interest for the countries from this region as, after the breakup of the Soviet and socialist region many organisations including the Open Society Institute, USAID, the World Bank and the European Union were heavily involved in the stabilisation and regeneration of these systems²⁷. At the same time many of the countries were keen to separate themselves from their old allegiances and embrace the systems of their traditional 'western' neighbours.

This would go some way to explaining the birth of schools and programmes in one region but does not explain why all regions across the European region experienced this boom. As the study did not examine the reasons for the adoption of public health programmes it can only be postulated as to why these changes occurred. The advent and uptake of "new public health" may account for this. This form of public health embraced the WHO's health for all philosophy which expanded (or to many, regained) the role of public health outside of a medical interpretation / ownership of disease with a focus on populations rather than individuals. It is perhaps the evolution in understanding in the developed systems of the most appropriate ways to respond to the major burdens of disease facing those times which helped them adopt radical changes in their education provision. As such, the adoption of Masters in Public Health may signify a rather slow 20 year transition from the older models of health and education with many of the older schools still using non-public health titles. Curricula are renowned for stasis and, if this be the case with the curricula in Europe, it simply represents an historical pattern. Meteorology, for example, remained in health education in to the 1930s, as practitioners would be able to determine the direction of the prevailing winds, which fitted both the miasmatic and contagionist views of health but was utterly obsolete after the advent of bacteriology some 55 years previous.²⁸

Estimating the number of public health programmes

In 2010 a global independent commission on the education of health professionals for the 21st century argued that "professional education has not kept pace with these challenges (*new infectious, environmental, and behavioural risks, at a time of rapid demographic and epidemiological transitions*), largely because of fragmented, outdated, and static curricula that produce ill-equipped graduates."²⁹ The commission estimated that globally there were 467 schools or departments of public health which represented 20% of the amount of

medical schools. However, the commission estimated the number of public health institutions from regional association websites and due to a lack of consensus on what constitutes a School of Public Health the tally was incomplete, "our count of public health schools is hampered by variability in definition".

As seen above, it is not necessarily the location of the school, the name of the school or even the title of the programme, which is the most pertinent but rather that the education they offer represents modern comprehensive public health. The schools in the survey have a variety of names for both their schools and their training but only small fraction admit to not having modern public health curricula and out of these all were working toward implementing this end.

The route forward may well be to estimate the amount of programmes that teach modern public health. However, this too is not a straightforward exercise. Perhaps the most concerning information to derive from the survey regarded the number of public health programmes in the region. The survey asked for "the number of MPH or MPH type programmes in your country," and gave definitions of what it considered to be these programmes. It was anticipated by asking this question the survey could identify new schools outside of the network and also map the public health education in the region. Moreover it provided an opportunity to question the schools on a specific accreditation criterion: "Criterion 1.5. The senior management demonstrates awareness of other organisations providing competing or complementary training."

Unfortunately the results demonstrated that out of all the countries with more than one programme submitting a response (n=13), only one country had a consensus in the amount of programmes offered in their country. This has both micro and macro implications. On a micro level, understanding the competition is one of the basics of business planning and on macro level it has ramifications in both national coordination and global mapping. If the number of programmes which offer comprehensive public health education cannot be monitored there will be no realistic understanding of how the training is entering into the workforce. On a public health front this has to be one of the most persuasive arguments for the adoption of a transnational sector focused accreditation system. This system, as housed within the APHEA accreditation, monitors not only the institutional or pedagogic quality but

also the quality of the content and its relationship to the external practice and research environment.

National accreditation and licensing

The final section of the introductory questions looked into the existing systems of national accreditation for both initial licensing and continuing accreditation. 51 schools responded and the data showed that 76.5% of programmes required initial licensing and a roughly equal amount 74.5% required continuing licensing but these were not necessarily the same schools. Several countries had identified that they required neither initial licensing nor continuing accreditation through a formal national body. Only one country, the United Kingdom, could be said with certainty not to have a national body as this was the only country in which all the schools had indicated this. In other cases, where there was more than one school in a country, there was conflicting data comparable with the example above indicating the number of programmes in the country. The system in the United Kingdom is different from most countries in Europe as courses are accredited internally due to their universities holding degree awarding powers^{xviii}.

Four schools had mentioned that there were different bodies for licensing of new programmes and accreditation of existing ones. Out of these, three schools were licensed by the Ministry of Education with two of them having continuing education from the Ministry of Health (MoH) and the third from an accreditation agency. A final school had mentioned that licensing came from the MoH but accreditation was from the MoE. Forty percent of schools reported the same agency was responsible for licensing and accreditation.

Of the 51 schools just over one quarter (25.5%, n=13) had no form of continuing accreditation in their systems. Of the remaining three quarters just over a half of the agencies were registered with ENQA (the European Association for Quality Assurance in Higher Education). This association membership, for accreditation agencies, was used as an indicator of international recognition as to become a member requires a transparent audit which other associations don't include. This means that out of these 51 programmes only 39% in total had continuing accreditation from an internationally recognised accrediting body. If one returns to the original basis of the European accreditation, namely the PEER review and its antecedent desire for assuring quality across the region, it may be possible to

say that European accreditation would be of benefit to the programmes without international recognised agencies in these countries. However, the whole process of national accreditation, bar one national agency, is not sector specific to schools and programmes of public health whose prime responsibility should be to produce a competent public health workforce.

Assessing accreditation compliance: Quantitative data analysis

The next section of the questionnaire dealt with the quantitative responses to the 23 criteria highlighted in the methodology section (excludes the repeated criteria). The response scale was based around for compliance, partial compliance (but leading toward compliance) and non compliance. As a global view the following figures are quite positive albeit based on an abridged version of criteria.

We comply	86.5%
We don't yet comply but we are in the process of trying to reach this level	11.5%
We don't comply	2.3%

From the questions asked, the large majority of schools expressed their compliance with just over a 10th mentioning that they didn't yet comply. This left only a very small percentage of the total amount of schools who felt that they did not comply at all. If these 23 questions are representative of the larger accreditation these results are very positive with regard both to the quality of programmes across the region and for the possibility of the programmes to successfully undergo European accreditation.

Table 11. Overview of APHEA Criteria used in graphs

Main headings	Use in graphs
Criterion 1: Governance and Organisation of the Programme	1. Governance
Criterion 2: Aims and Objectives of the Public Health Programme	2. Aims & Objectives
Criterion 3: The Curriculum	3. Curriculum
Criterion 4: Students and Graduates	4. Students
Criterion 5: Human Resources and Staffing	5. Human Resources
Criterion 6: Supportive Services, Budgeting and Facilities	6. Budgets & Facilities
Criterion 7: Internal Quality Management	7. Quality man

The following Figure 6 comes one step away from the global vision and looks at the individual criteria and how they break down into compliance rates. There are seven criteria outlined and these represent 23 separate sub criteria which were asked in the questionnaire

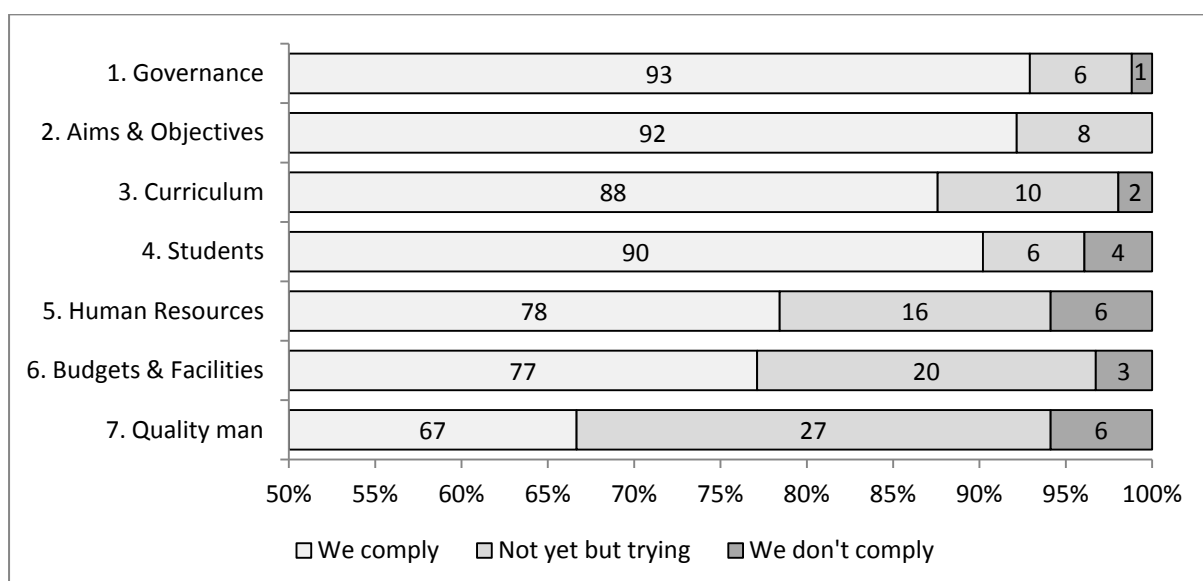
beginning with criterion one and ending with criterion seven. Fifty one schools answered each question apart from criterion 1.2 (defined programme governance) which was left blank by one school.

The first thing to mention is that there were large compliance rates across the criteria with the trend that this compliance reduced toward the end or bottom of the criteria. This produces a sloping shape in the graph which may represent respondents becoming more open or at least less inhibited with their responses as they worked through the questionnaire. However the data deriving from the qualitative site visits supports this trend. From this it can be seen that across the region the more problematic areas lie within criteria five, six and seven.

Entering further into the detail reveals the individual criteria and how schools in the region have placed themselves^c. Only two criteria received 100% of compliance and these were:

- Criterion 1.1. The parent institution is legally recognised / accredited by national educational authorities and allowed to deliver the Master programme and issue degrees.
- Criterion 3.2. The core components of the curriculum provide a thorough teaching of the basic concepts, theories and methods of public health.

Figure 6. Overall compliance rates in %



^c For ease of view tables have truncated percentages and summarised criteria terminology.

On the other end of the scale, three criteria stood out has been potential issues with the first one of these unfortunately being a central tenet of the Bologna declaration and Prague Communiqué:

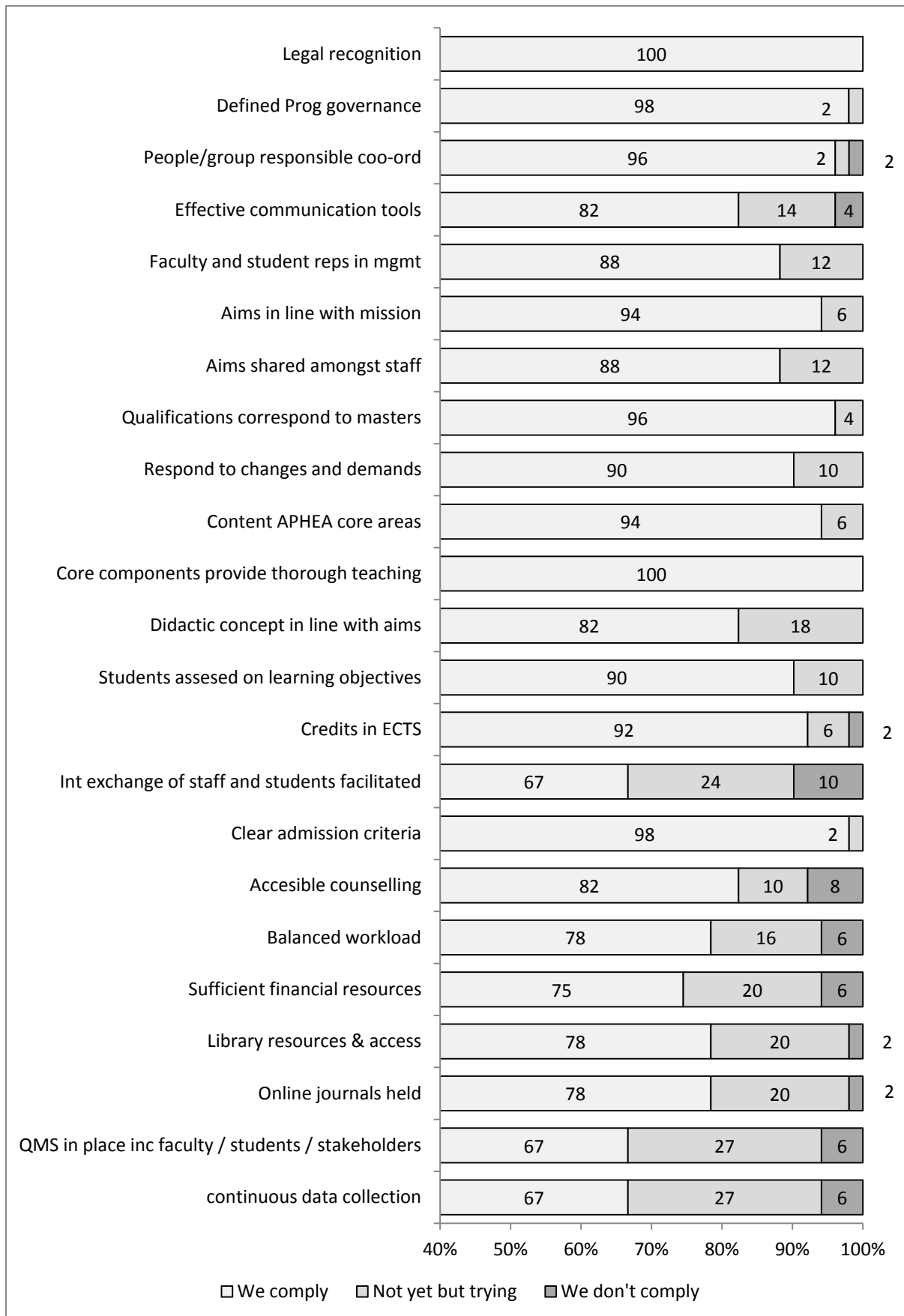
- Criterion 3.9. International exchange of staff and students is facilitated.
- Criterion 7.1. An operational internal quality management system is in place, broadly inclusive of staff, students and stakeholders.
- Criterion 7.2. There is continuous data collection and analysis that assures necessary modifications in the learning objectives, the content of modules, staffing, and pedagogical approaches. Results of analysis are relayed accordingly to senior management, staff and students.
- Criterion 4.3. is also noteworthy as the best runner up in the non-compliance category: "The institution provides accessible counselling services for personal, academic and professional development of students."

What's in a name?

Two of the initial questions enquired after the name of both the school and the programme and this data was verified by a website check on the individual schools involved. A simple analysis could be run into identifying how many schools and programmes actually used the term "public health". As already mentioned, in some countries schools are restricted in their use of the term public health as it can sometimes not officially exist in the ministries of Labour, Finance, Health or Education and this relationship is further explored within the case studies of the qualitative research below. Equally, where it is recognised, Ministries can affect its usage.

For other schools in the survey it could be argued that the use of public health is simply an historical fact and changing or adding to this term may fly in the face of many years of reputation building. It was found that 19 schools that responded did not contain public health in their titles compared to 32 schools which did and this compares to a 100% usage of the term by accredited Schools of Public Health through the CEPHⁱ.

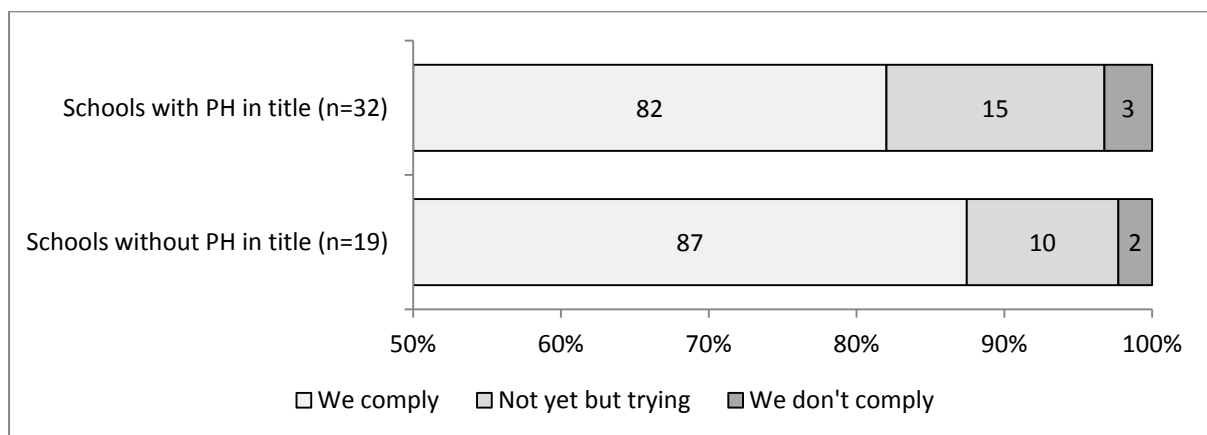
Figure 7. Accreditation Compliance broken down across the European Region in %



Comparing the dates of establishment for these schools provides the median value of 1977 for the former category and 1996 for the latter. As previously mentioned, it may be the later date has a bearing on the term as its usage was becoming more widespread. When comparing the age of the school to the use of the term public health a Chi square exact test produced a significant p value of 0.005 which would demonstrate that public health in a name of the school is related to the age with older schools tending not to use the term.

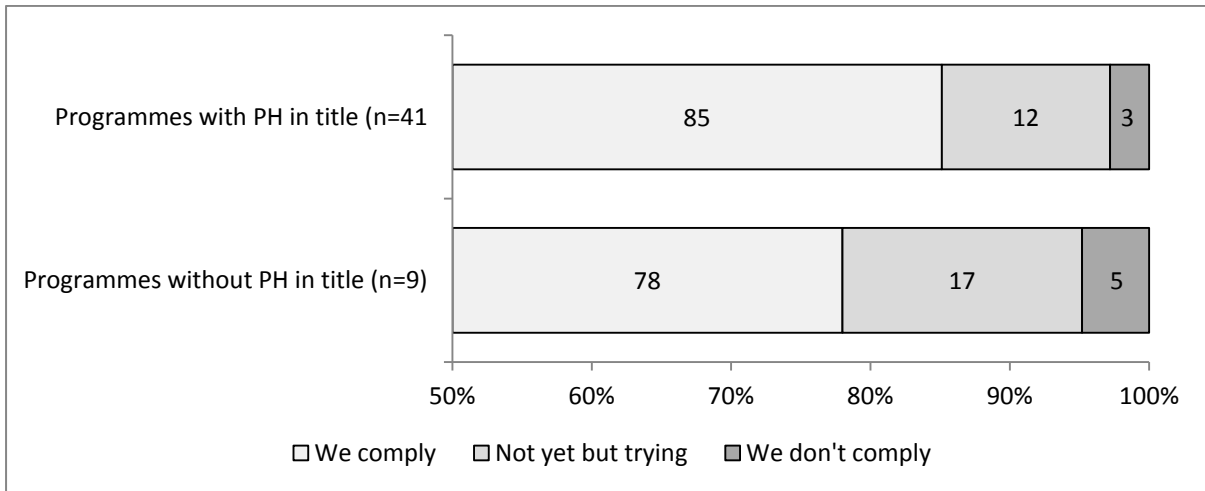
When examining whether public health in the title of the school affected the programme's compliance with the accreditation criteria it was shown that there was slightly higher compliance for non public health titles which indicates that the title of the school is not important for compliance.

Figure 8. Compliance to accreditation criteria based on Public Health in school name in %



Having public health in the title of the programme however did demonstrate variants which could corroborate the notion that it is not the institution but rather its output which is important. A total of 50 schools had responded to the programme name question with one school omitting the data. Figure 9 below highlights the overall average across all the seven criteria and shows that there are more gaps involved in the programmes without public health in the title. This might be interesting as the title of the programme may determine the type of programme, for example medical specialities can be named preventive medicine, social medicine or community medicine³⁰ but these may remain medical specialities and unfortunately this survey didn't have the space to enquire after multidisciplinary admissions which could be one indicator that the programmes operate outside of strict medical confines.

Figure 9. Compliance to accreditation criteria based on Public Health in the programme title in %



Using averages, these gaps don't demonstrate a huge variance but when looking at the detail there are areas of interest within the individual criteria. The following two figures break down the individual criteria into the three categories of compliance and show that compliance in all but one criteria are higher for schools with public health in the title. Criterion seven is perhaps the most noteworthy in having over one fifth of the programmes in the non-public health title category not complying at all with a quality management system whereas the other programmes were in the process of change.

Figure 10. Programmes with Public Health in title by criteria in %

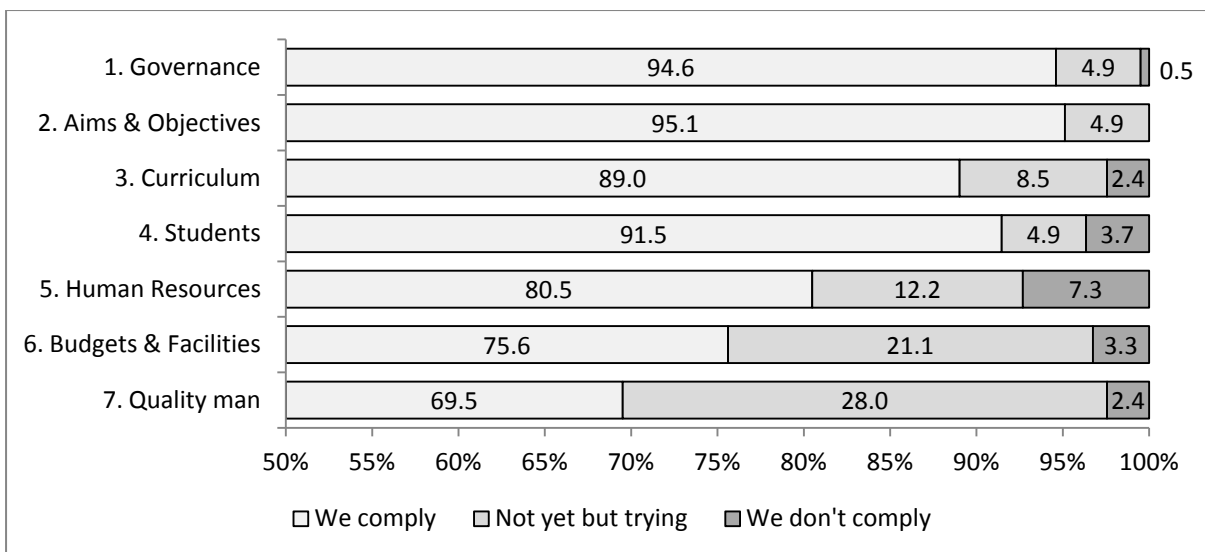
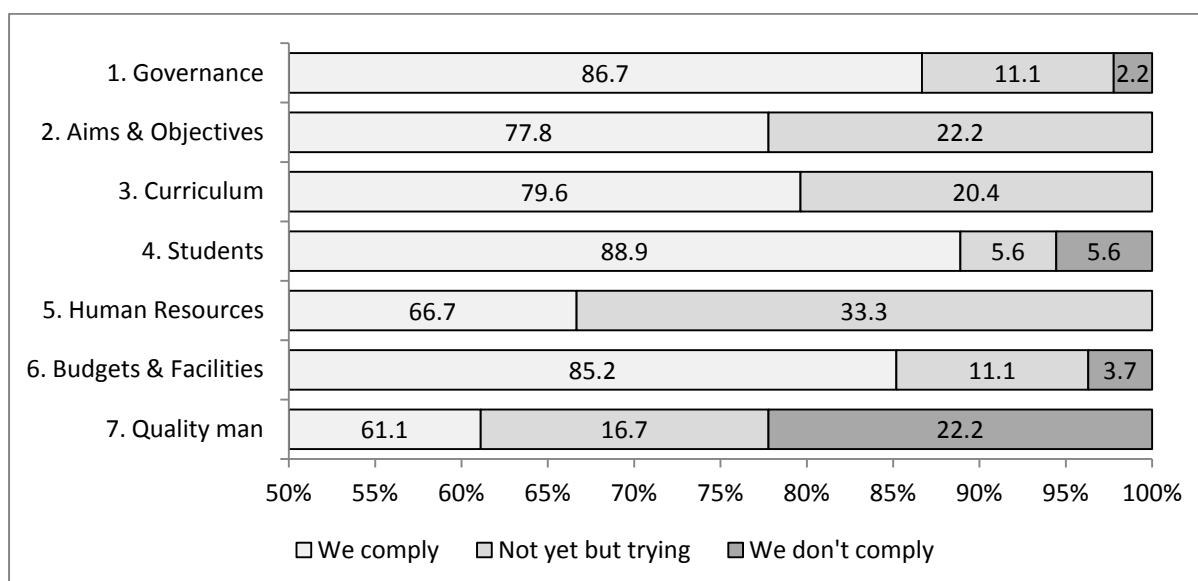


Figure 11. Programmes without Public Health in title by criteria in %

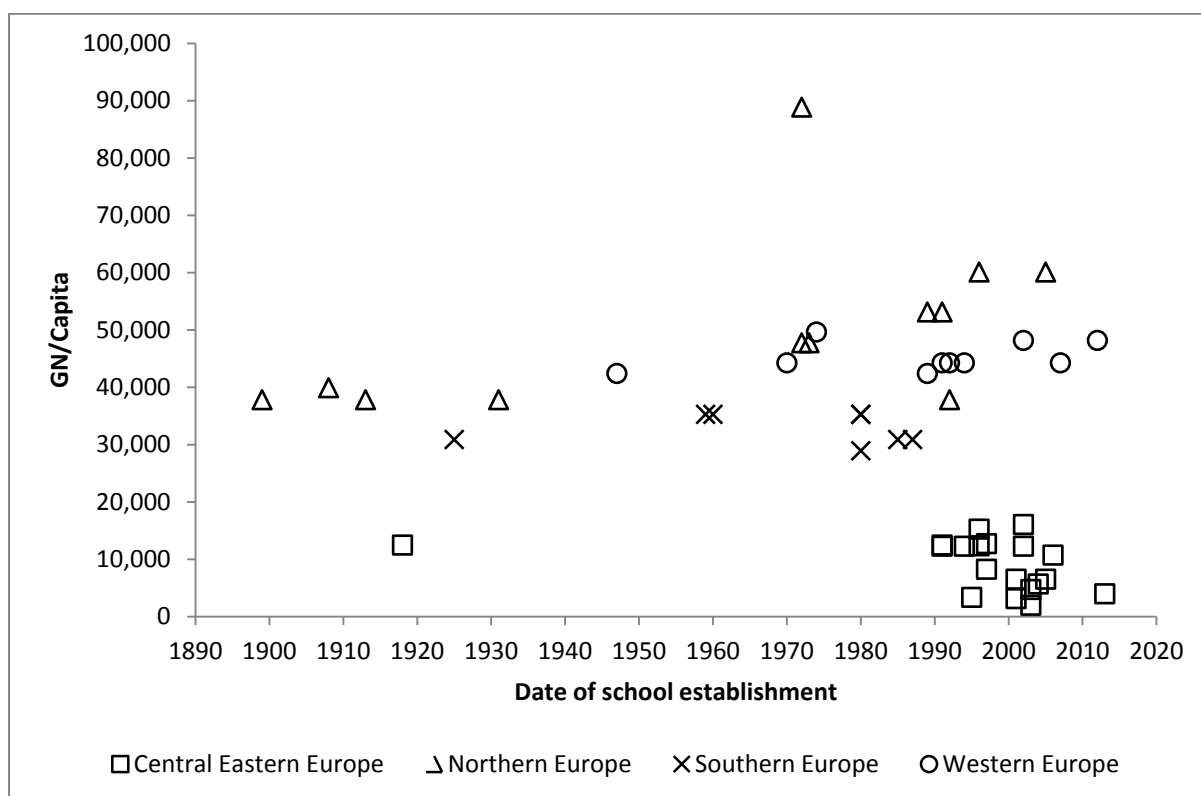


As would be anticipated the picture is not so simple as to imply that if a school has "public health" in the programme title then it would comply more with the accreditation criteria especially as many national systems can be constricted in the use of that term. There may also be other integers or variables at play. Perhaps the most important detail is that three of the schools in the group of nine schools without public health in the title came from one particular country in which all of the schools expressed a large amount of gaps which had a bearing on the averages used.

Date of school establishment

The members schools of ASPHER, who responded with data about the age of their schools (n=49), were shown to span 114 years from 1899 through to 2013. There were nine schools from the survey that developed between 1899 and 1960, 12 between 1961 and 1990 and the majority (28) between 1990 and the present day. During the years 1961 to 1970 there were no schools developed that replied to the questionnaire.

Figure 12. School development by wealth and region



Using aggregated data, the relationship between a school's and programme's date of establishment and the wealth status of the country was analysed using Chi square which produced a respective significant Chi square exact p value of 0.000 and 0.001 which clearly demonstrates the development of a school and programme of public health is linked to the wealth status of the country and that richer banded countries have schools and programmes earlier. What is interesting is that the main bulk of schools, over 80%, had developed after the 1970s with a main expansion in the 1990s. Part of this expansion came from the Central and Eastern European region transiting out of socialist socio-economic and political models which adds an extra regional political dimension to the discussion. In many ways regions cannot be disassociated with their wealth and as mentioned the trend is clear: Northern countries are the richest and Central and Eastern European countries the poorest.

The role of international assistance played a large role in the development of schools and systems and the previous OSI ASPHER program on the development and establishment of Schools of Public Health was one example³¹. The majority of these countries also shared the aspiration of European Union membership which may have had an effect on aligning their systems to European standards and practices. This alignment also ensured extra global

financial assistance over those countries which were more hesitant in adopting different models. For example, Figure 13 demonstrates how the World Bank saw reforming governments receiving the most external assistance.³²

This information, although at face value common sense, poses more questions than can be answered here. For example, if a School of Public Health is responsive to the external environment and the changes in the public health practice, as well as the aetiology of disease burden this finding would sit comfortably within epidemiological transition, with public health factors coming into play late in the Western models but having influence early in countries in transition³³. It may also be

questioned why the 1970s saw the beginning of the modern period of Schools of Public Health in Europe and what was the relationship of this development with both socio-economic and political development. Furthermore, if schools were developed to address issues in a changing world why did it take another 30 years for programmes of public health to develop?

Moving back to the data of the project, the descriptive graph entitled "age of school and compliance" seems to demonstrate that both the newer and older schools have less overall compliance than those schools in the middle range which were developed between 1961 and 1990.

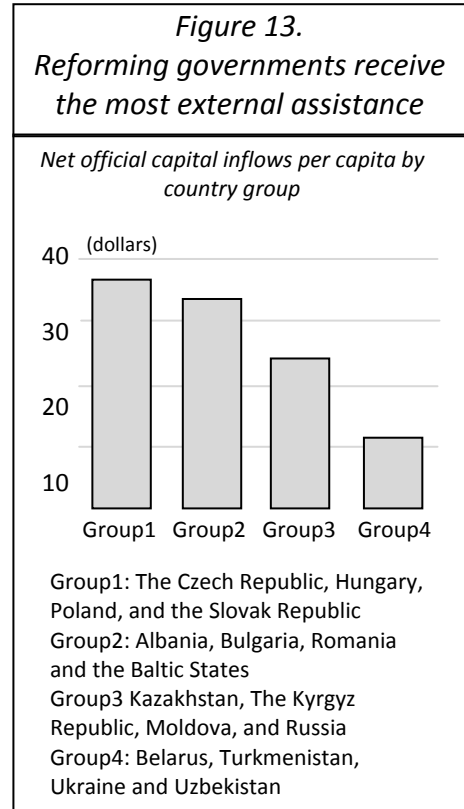
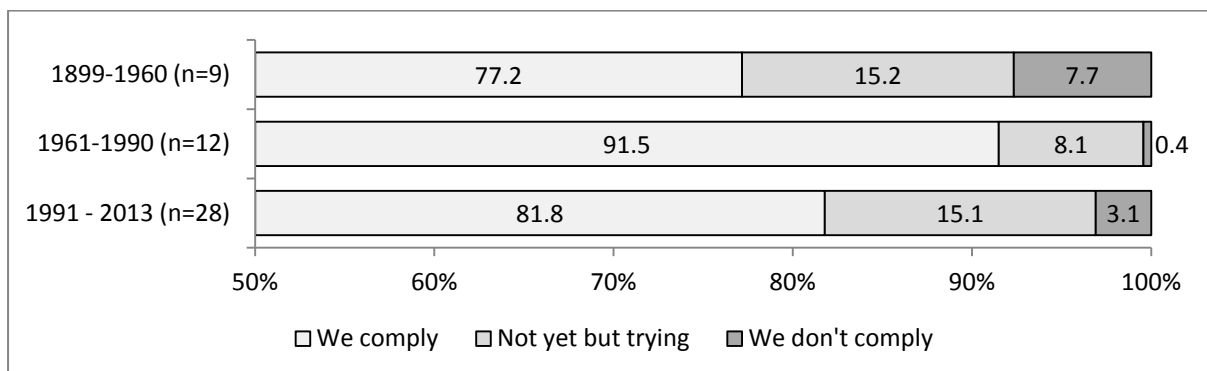


Figure 14. Year of school establishment and compliance in %



Most vitally this graph shows that for the older schools there is substantially more non-compliance which may indicate a certain element of stagnation in the relevant criteria. The second category of "not yet but trying" includes an option for the schools to indicate if they are changing their systems which leaves the latter category of non-compliance focused upon those areas which are not changing.

This data can be broken down into the criteria used during the questionnaire. As is shown by the three tables below the middle grouping of schools that developed between 1961 and 1990 show the greatest amount of compliance. Within these schools, where there was non-compliance, the vast majority are in the process of changing their systems. There was only a very slender amount of schools which didn't comply completely to the criteria. The picture is rather different when considering both the older schools established from 1899 to 1960 and the newer schools from 1991 to 2013. Here it can be shown that for the new schools there is a large amount of "in process" criteria. Those areas of most concern referred to criteria six and seven but again the non-compliance rates are relatively small. Alternatively for the older schools there appears to be much more non-compliance across the criteria with just over a fifth of schools not complying at all the criteria seven. This may indicate that older schools find it harder to change and resistance to change may be entrenched in their systems.

These variable compliance rates based on age raise questions as to the ability of schools to undertake change. It would seem, that those schools in the middle-aged bracket are quite comfortable and that the new schools continue in a process of development. The figures for the compliance of the older schools may indicate a certain amount of stagnation which, although not monitored here, would perhaps to live up to the stereotype that older institutions are less dynamic and open to change.

Figure 15. Compliance rates for schools developed 1899-1960 in %

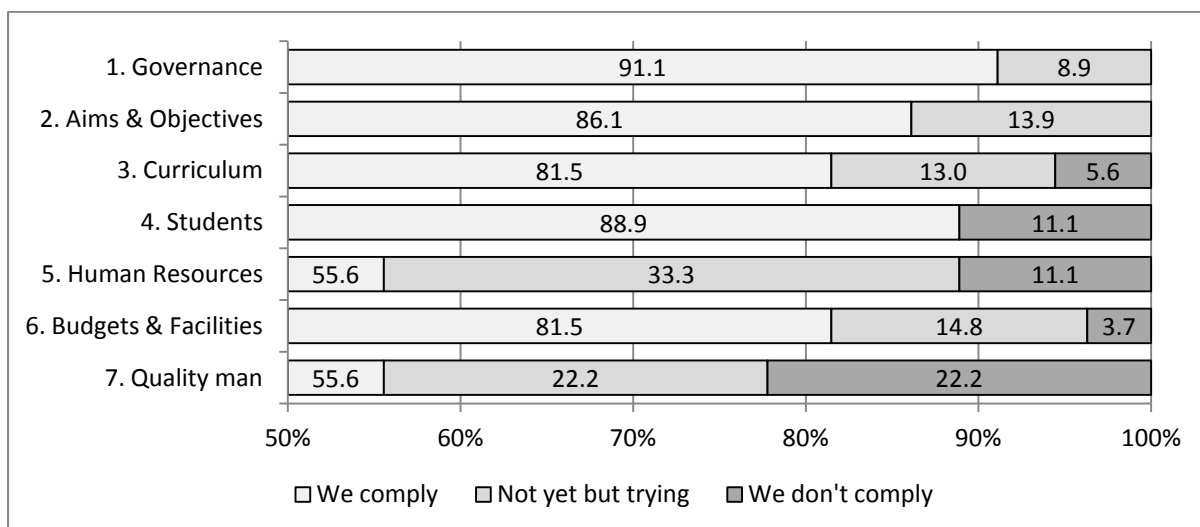


Figure 16. Compliance rates for schools developed 1961 - 1990 in %

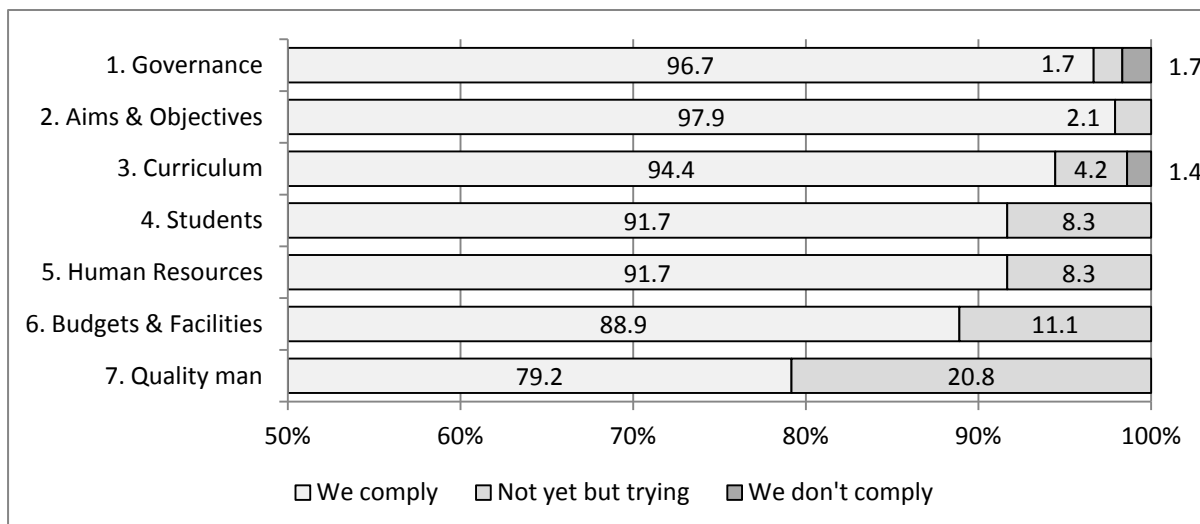
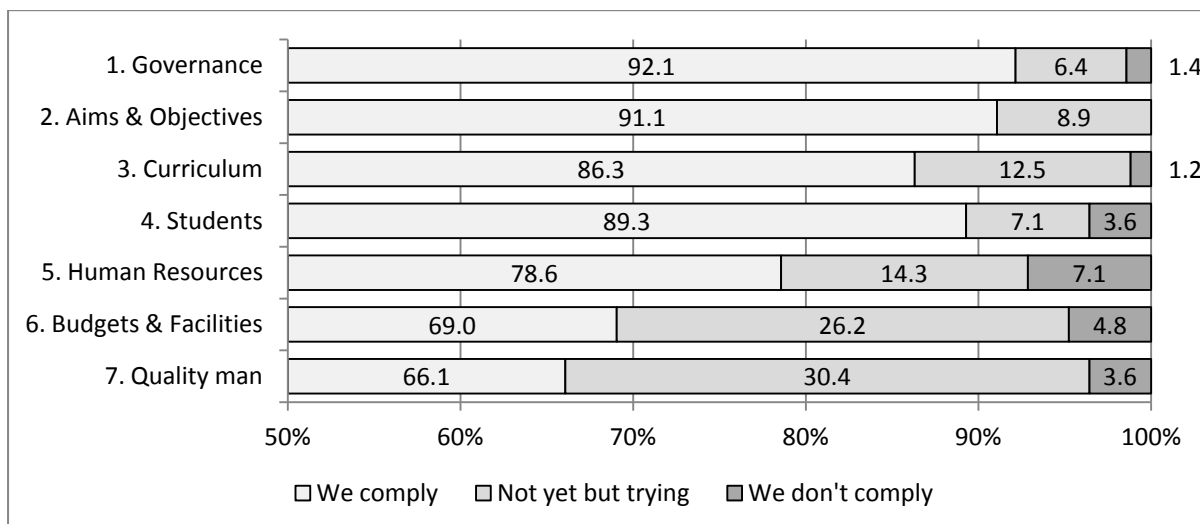


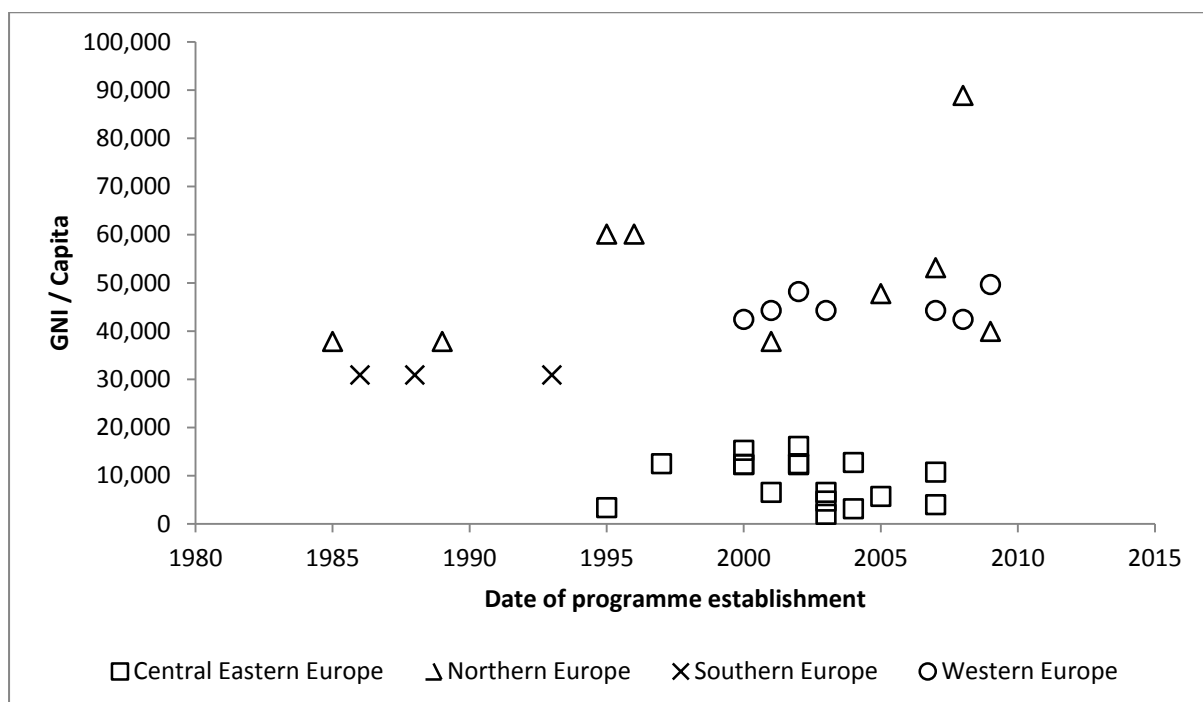
Figure 17. Compliance rates for schools developed 1991 - 2013 in %



Date of programme establishment

By extracting those schools which did not have public health in the programme title and then examining the date of establishment it can be seen that the first "public health" programme began in 1985 in Northern Europe in a high-income status country. Until 1995 there were only five programmes existing and spread between Northern Europe and Southern Europe. After this period two programmes in the Central and Eastern European region came online. The main bulk of programmes began developing in 2000. What is interesting is that until this point, Western Europe had no programmes with public health in the title from the respondent sample. Programmes in the Central and Eastern European region then can be seen to finish development by 2007 with four programmes from Western Europe and Northern Europe developing after this point. There was one programme in the CEE region included in the survey which started in 2010 but did not have public health in the title. The potential reasons for this hiatus in programme development throughout this region could be placed on the saturation of programmes, or that the survey membership did not cover all programmes, or perhaps more realistically, that the funding in this region had reduced.

Figure 18. "Public Health" Programme development by wealth and region (n=36)

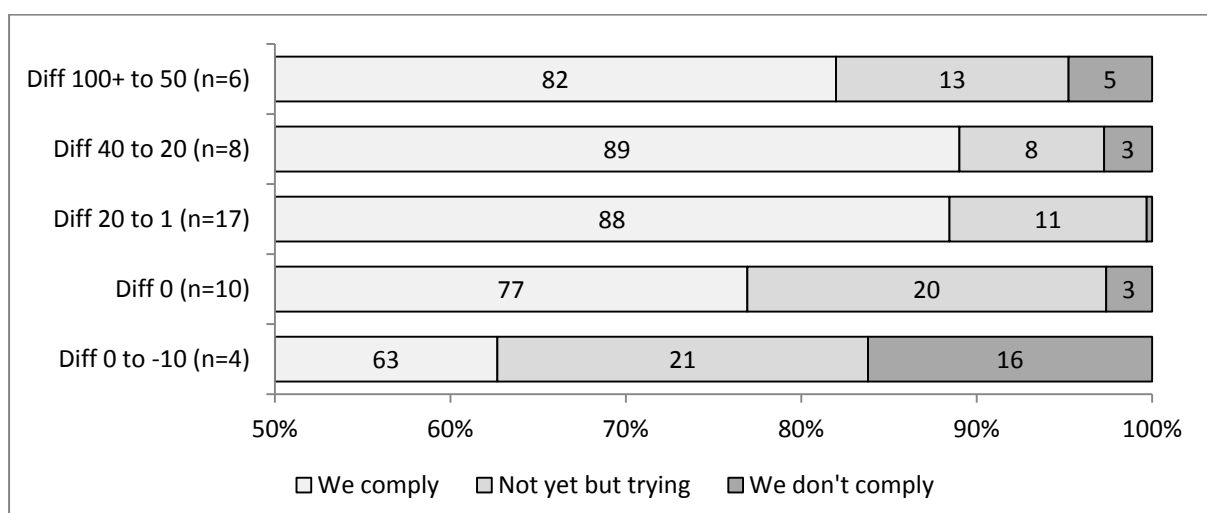


Age difference

By subtracting the date of the programme establishment from the establishment of the school gives an amount of difference in years. As most of the programmes were developed early on in the 21st-century the result will naturally be that the older schools have large age difference and newer schools a smaller difference. The next analysis would determine whether or not these differences would have an impact on compliance with the criteria.

The following Figure 19 breaks down the differences into five categories ranging from 100 years difference through to minus years difference. The minus years range from -2 years to -10 years and pose questions over the processes involved. The survey is not in a position to understand why the programmes should be developed before the school but there are several examples from around the globe which could demonstrate this. Firstly, the programme could have been built first and the school fitted around the programme. This could be interesting for institutions that perhaps wished to develop a programme without having the organisational burden of establishing a department. This has been seen often in projects where the institution would accept a project for developing a programme but will not absorb that programme within its institutional structures until it is fully developed. One of the qualitative site visited schools was in this position. Secondly there may be an issue with the location of the programme, as an example if a programme is developed as a collaborative exercise between two or more institutions it may not have a home at the beginning.

Figure 19. Compliance and the difference in years between the school and programme establishment in %



Thirdly, the programme may be adopted in that it may have been developed by another institution and passed over to a second institution and this was understood to be the case in two of the surveyed schools. Finally, it may be also the case that there has been a name or organisational change in the host institution and the respondent simply entered the date of that change. Unfortunately the survey was unable to detect the precise reasons for these minus years but what it did show was that schools in this category were experiencing lower compliance rates than other schools. As can be seen in the chart, it is the "we don't comply" category which stands out prominently at 16%. These figures were heavily affected by two particular schools which were understood to have adopted programmes from other institutions which, if correct, may show the difficulties in absorbing "foreign" programmes into an institution. It also raises questions as to why they needed to be adopted in the first place: what was so wrong with the programmes that they had to be fostered out from their original home? In this sense, the schools could have actually acquired something that was in some way "broken" which would perhaps produce these low compliance rates.

Breaking down the data into the individual criteria for the group in which the programmes were older than the school, shows that there are gaps throughout the criteria with up to only half of the criteria being met in criteria five, six and seven. The third category of "we don't comply" demonstrates that individual elements are simply not changing and four of the criteria had a quarter static non-compliance. This poses the question as to whether it is better to seed a programme in an established institution so that it may grow organically rather than trying to absorb a "foreign" programme which may be analogous to fitting a square peg in a round hole. However, as stressed, the survey cannot provide the evidence as to these individual situations and so it has to remain conjecture and food for further research.

To accredit or not to accredit

The next section of the research looked at the effect of existing national accreditation systems and compliance. This was separated down into initial licensing and continuing accreditation. There were 50 schools who entered responses to the first category and this was separated into 39 schools which had an initial licensing and 11 schools which did not. Within the continuing accreditation there were three categories of schools that came out of

the data, those without accreditation, those with accreditation by an agency with ENQA membership and those accredited by an agency without ENQA membership. Although rather arbitrary the membership of this Association is conditional on the agency fulfilling stated and open criteria.^{xix} To this end there is a transparency in the quality and procedures of the ENQA member accreditation agencies which is not apparently the case with other accreditation associations such as the International Network for Quality Assurance Agencies in Higher Education (INQAAHE) or the European Consortium for Accreditation in higher education (ECA).

The first group of thirteen schools which identified themselves as having no external agency accrediting their ongoing degrees came from schools represented over the whole EHEA region apart from the Central and Eastern European region. The average age of these schools was over 50 years old and this would seem to indicate that these may be older quality systems with established mechanisms which would probably have been around before the advent of state/agency accreditation. As such, this may be a situation which continues to the modern day.

The second group which consisted of 20 schools accredited by ENQA member agencies were on average 21 years old and came from all regions of the European region with 50% coming from CEE countries. The remaining group of 18 schools had continuing accreditation but conducted by non-ENQA members and these were slightly older than the second group of schools with an average age of 27 years. This group had over 75% of schools coming from the Central and Eastern European region but none from Western Europe.

For the first two groups both the level of compliance and the trend within that compliance were roughly equal with a lower compliance toward criteria six and seven. The third group however shows a substantial amount of non-compliance across the criteria and especially in those areas considered unchanging in the "we don't comply" section. Although these graphs show quite a variance between schools and programmes it is perhaps not so reliant on the agency but rather on the wealth or location of the schools. The third graph having such a high number of schools with low wealth and the Central and Eastern European region may have more to say about the membership of ENQA than it does about the possible causes of compliance. Applying a Chi square exact test over the question of ENQA membership produced significant p values for GNI/capita (0.041) and region (0.00).

However, the fact remains that breaking down the categories of schools in this way shows that those schools who are accredited by agencies, who themselves are not shown to be openly accredited, have the lowest compliance rates out of the three groups.

Figure 20. No continuing Accreditation by external agency in % (n=13)

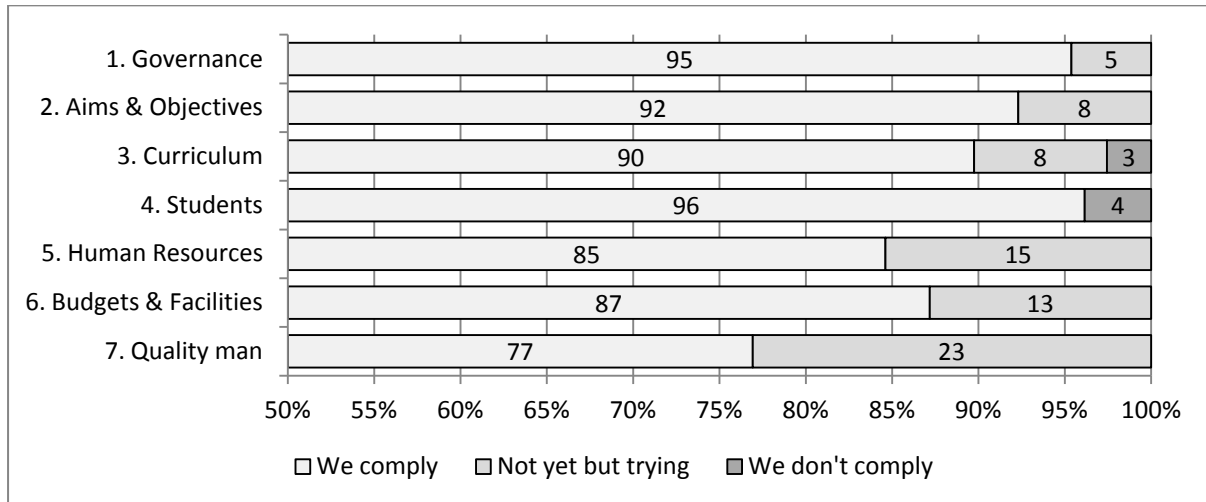


Figure 21. Continuing Accreditation by ENQA agency in % (n=20)

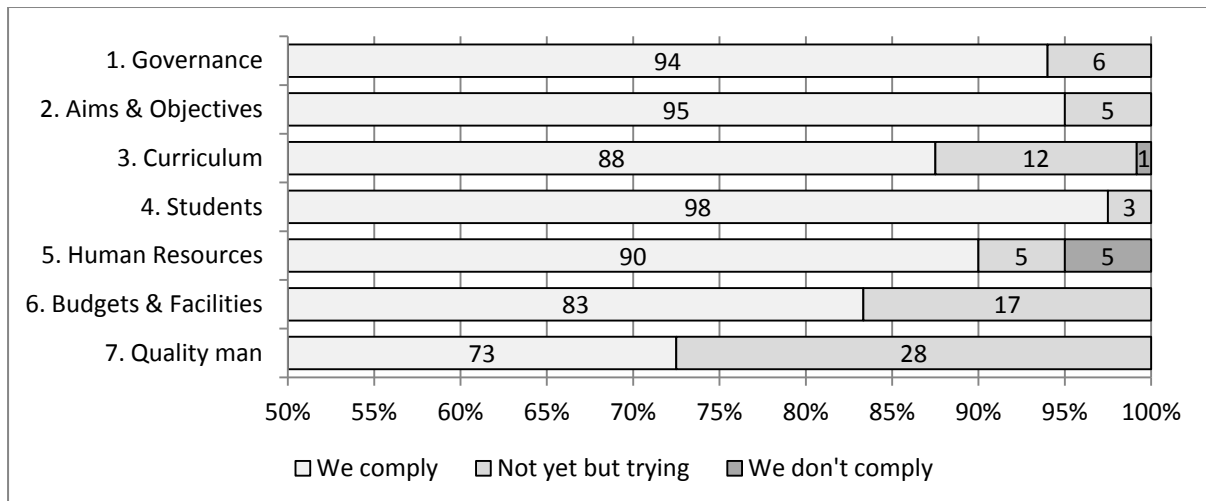
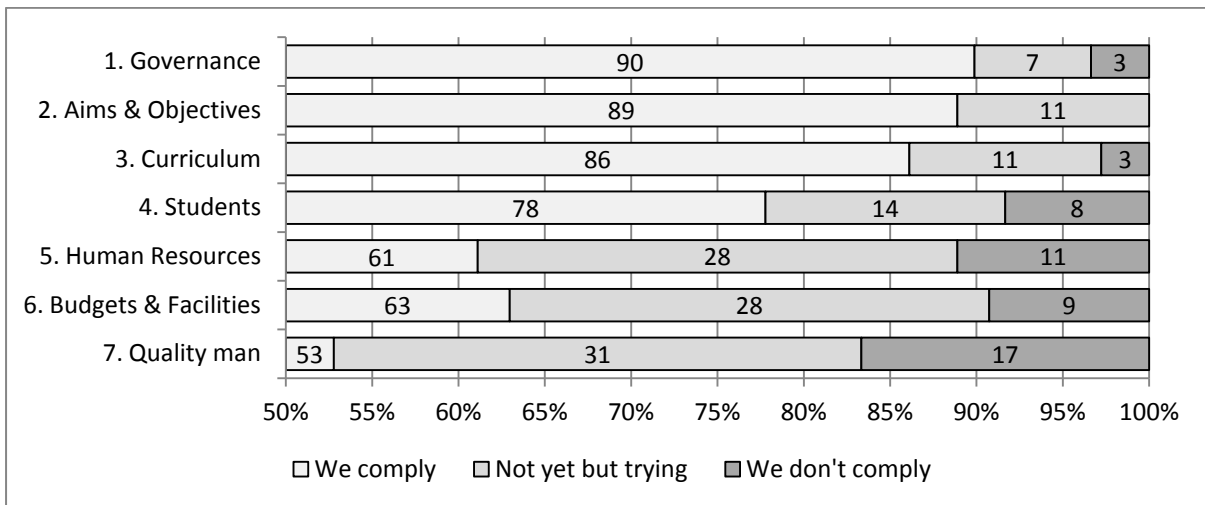


Figure 22. Continuing Accreditation by non ENQA agency in % (n=18)



The wealth of nations

Throughout the survey and analysis two perennial themes, GNI/capita and regional location, seemed to permeate many of the varying ways that the data was viewed. This was interesting as these were secondary variables assigned to the countries after the survey results had been submitted. In themselves, they are inextricably linked in that regions in the respondent sample were highly linked to GNI / capita rates.

Figure 23. Average GNI/Capita and compliance in %

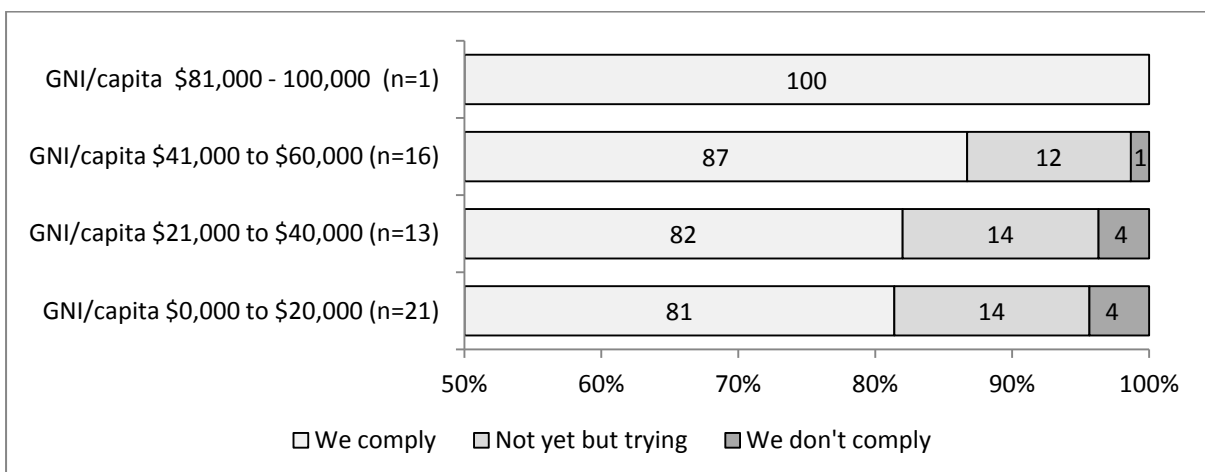
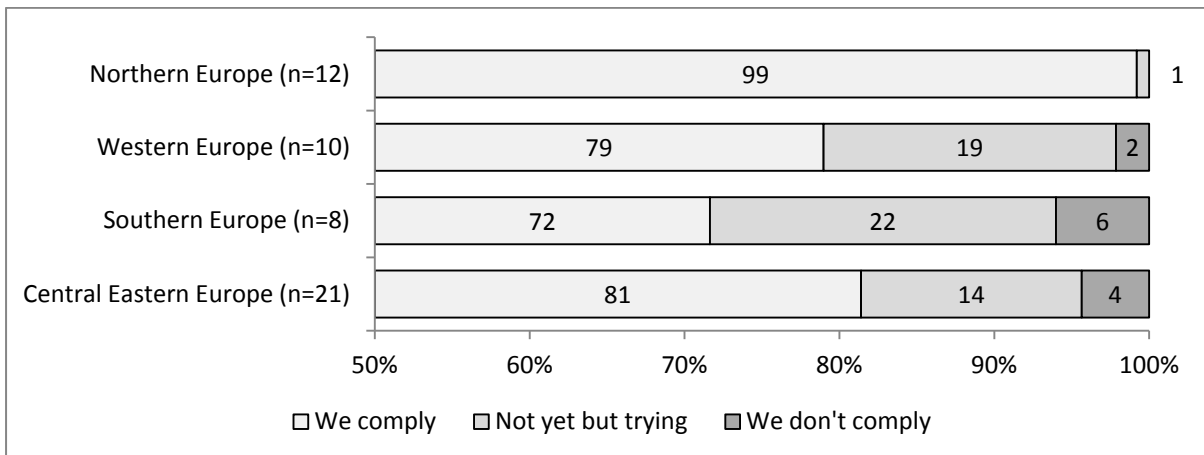


Figure 24. Region and average compliance in %



Placing average data charts together demonstrates that there are slight differences between the wealth in the region in terms of compliance with accreditation criteria. One of the reasons for this is because the GNI /capita classification into four bands used here are rather subjective. These were chosen in lieu of the World Bank classifications of high, upper middle, lower middle and low as these produced a rather crude classification of which all but one of the schools in the survey would exist in the top two categories. Using this system was deemed not accurate enough and hence a banding of \$20,000 was adopted. The category for \$61,000 to 80,000 is absent as there were no schools in this band

To identify which one of these variables was the most relevant, a Chi-squared analysis was conducted between the GNI/ capita, the region and the aggregated criteria data. The first question to be asked was, does the wealth of the country affect overall compliance rates of the schools within that country? The resounding response was no. Under no circumstances were compliance rates found to have significant relationship with the wealth status of that country. This was applied using both World Bank classification and the banded GNI / capita classification used in the chart above.

The second question to be asked was, does the regional location of the schools affect overall compliance rates? In this case, the response was overwhelmingly yes. Out of the seven aggregated criteria tested, five had significant values.

Table 12. Does the regional location of schools affect compliance rates?

Criteria	Chi Square exact test p values
Criterion 1: Governance and Organisation of the Programme	<u>0.026</u>
Criterion 2: Aims and Objectives of the Public Health Programme	<u>0.046</u>
Criterion 3: The Curriculum	0.182
Criterion 4: Students and Graduates	0.112
Criterion 5: Human Resources and Staffing	<u>0.039</u>
Criterion 6: Supportive Services, Budgeting and Facilities	<u>0.002</u>
Criterion 7: Internal Quality Management	<u>0.001</u>

Based on the results of this, the research then looked to view the compliance rates under a regional perspective and the results are presented in the four figures below.

Figure 25. Northern Europe compliance in %

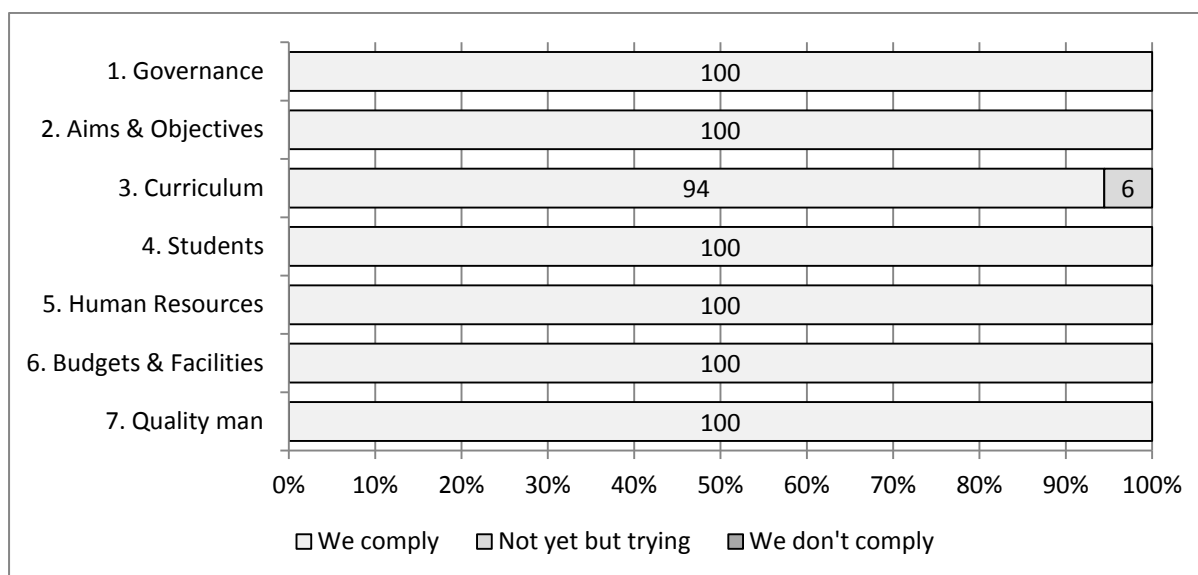


Figure 26. Western Europe compliance in %

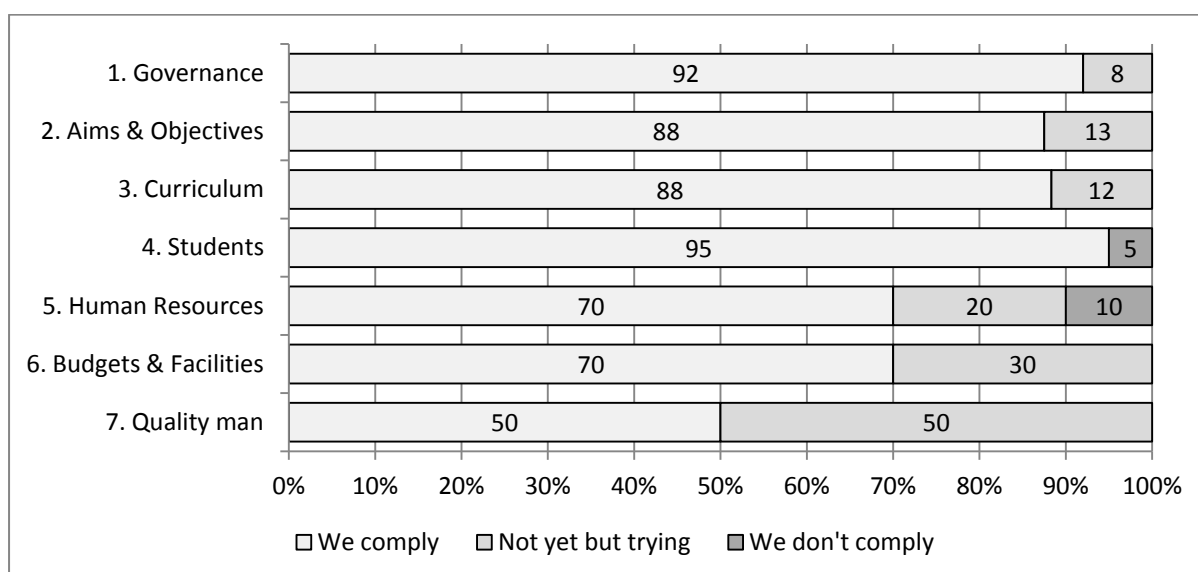


Figure 27. Southern Europe compliance in %

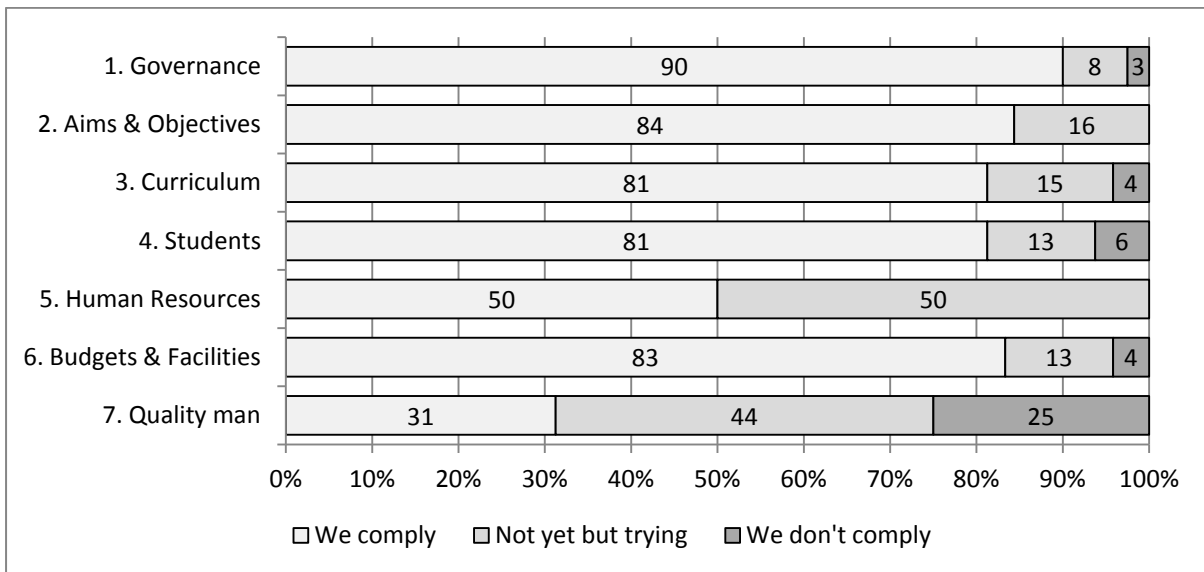
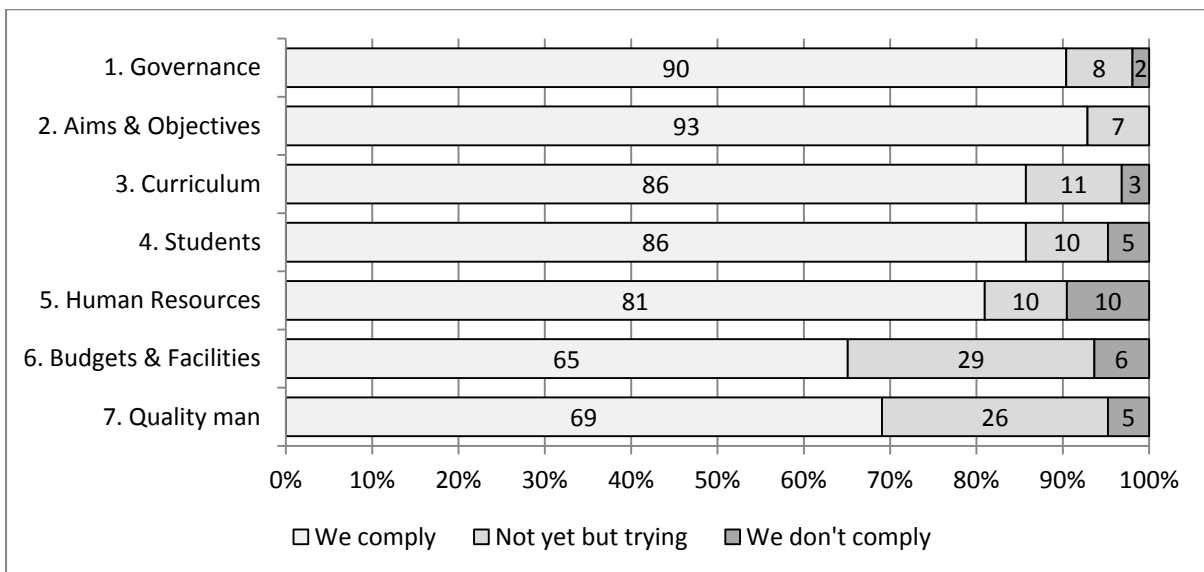


Figure 28. Central and Eastern Europe compliance in %



This is an interesting finding as an intuitive response might be that those schools in the poorer areas of the European region, or whose schools came on stream later, would exhibit the least compliance which is not the case. Southern Europe, although relatively wealthy and containing some of the older schools demonstrates the least amount of compliance. Northern Europe was seen to have nearly 100% compliance and Western Europe which,

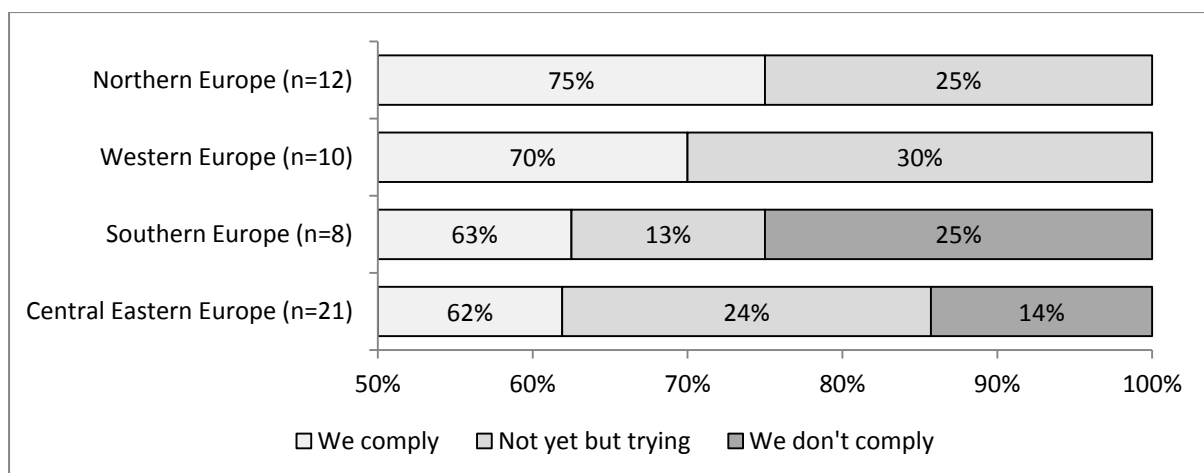
although having larger non-compliant rates, were in process of change. Central and Eastern Europe had the second largest compliance rates behind Northern Europe.

The analysis can't explain the reasons why Southern Europe is in this position. However, there is a large amount of non-compliance in criterion seven which focuses on the ability of the school to improve itself vis-a-vis its stakeholders and external environment. If this had been a constant theme throughout the lifetime of the schools in this region it may have knock-on effects with how the schools developed or didn't develop over time which may have caused these gaps to remain.

Exchange of faculty and students

So far the research has represented the data in different ways depending on assorted variables. However one aspect which has not been detected throughout this representation is faculty and student mobility. The reason for the lack of detection is because this particular aspect pervades all variables in that it applies across the board to all programmes irrespective of age, title or accreditation body etc. It is one of the most serious findings of the research as it demonstrates the lowest compliance and yet it is a central tenet of the Bologna declaration and a clear criterion within European accreditation.

Figure 29. Faculty and Student mobility by region in %



The research was unable to detect why there are such low compliance rates. During the site visits and the workshop there were intimations that the causes lay in the inflexibility of funding structures where both faculty and staff were required to travel for minimum amounts of time which was considered disruptive. This information was checked against the

European documentation^{xx} and it was found that for students the minimum duration was three months and for faculty it was undetermined. The possession of Erasmus Charters also came up in discussions. More work in identifying the obstacles for mobility and overcoming them is clearly warranted. We will return to this subject throughout the following sections.

Needs expressed by respondents

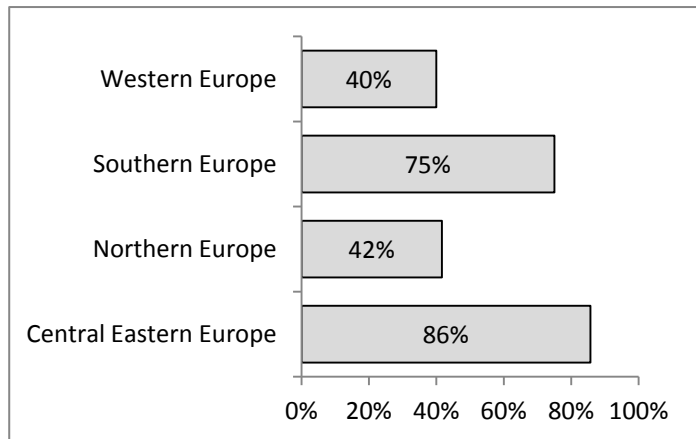
The third part of the survey consisted of asking schools to indicate their perceived needs within the framework of the accreditation criteria and an 'other' section. Initially there were 186 individual responses which were double coded and then aggregated down to 113. Aggregation consisted of identifying which schools had stated needs in particular areas rather than the amount of times they had stated those needs. In many cases schools had repeated the same needs over several criteria. The range and extent of school needs was required to show a full picture across European region but for analysis the aggregation could only take one response in each criteria category from any particular school. The coding of the needs are represented in summary Table 13 below which also indicates the allocation of these needs to the accreditation criteria. The table also identifies the changes that had occurred during the first and second coding.

Table 13. Overall need responses and coding

1st coding	2nd coding	Agg	Brief description	Accreditation criteria
23	21	13	Governance, coordination and planning (operational and strategic)	1
21	18	15	Exchange of faculty and students	3
3	7	6	Pedagogy	5
18	18	10	Faculty / staff training	5
7	7	5	Faculty recruitment	5
26	26	18	Budget / resources	6
17	13	10	Quality management (inc needs assessments)	7
9	7	5	Introduction of new modules / education	X
1	6	6	Going Global	X
11	11	8	Communication / marketing	X
17	17	9	Experience sharing / international collaboration	X
4	4	4	Research	X
4	4	4	Distance learning / joint degree / credit collaboration	X
25	27	X	Non or misunderstood responses	
186	186	113	TOTALS	

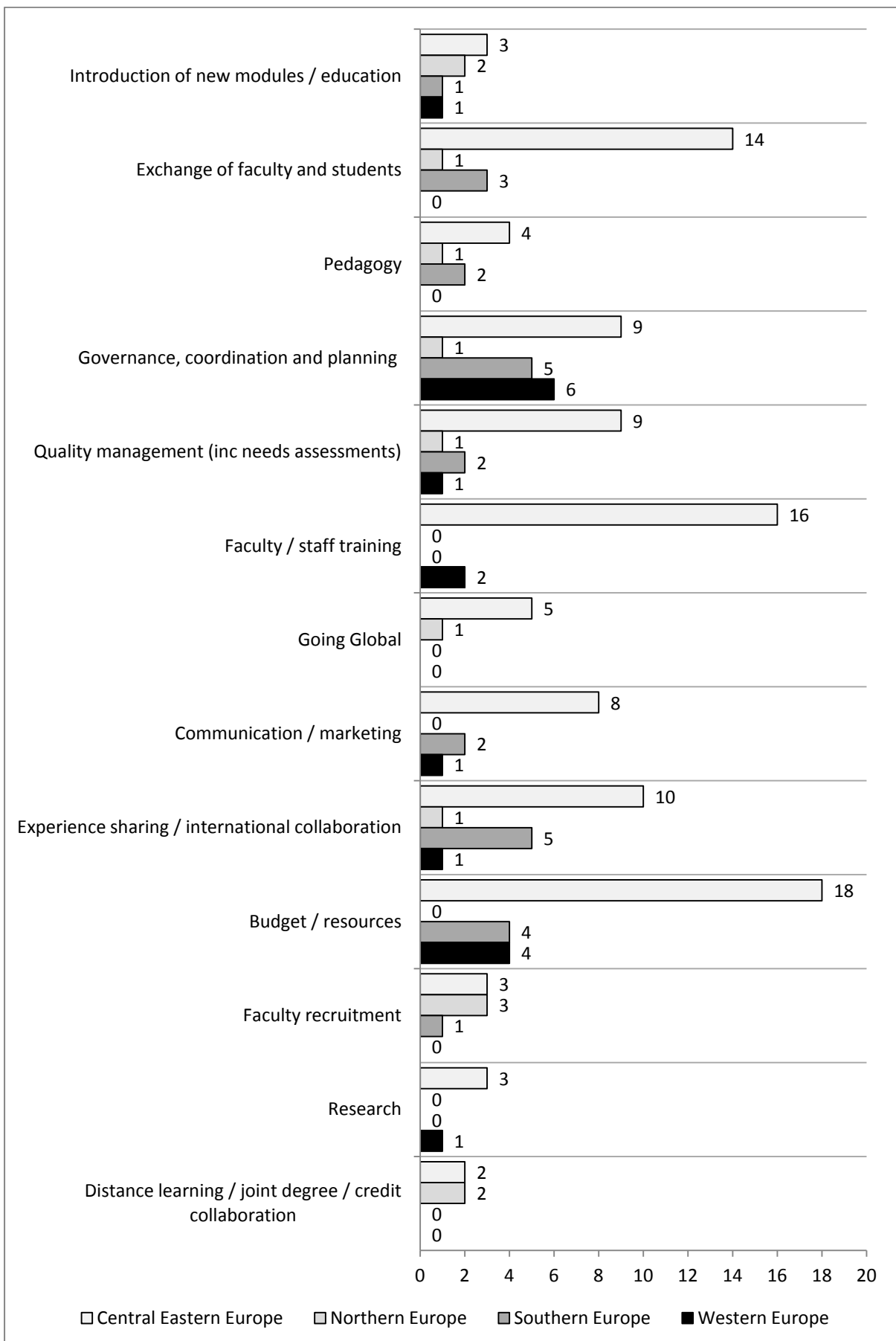
Following on from the regional aspect, when broken down into a regional perspective a difference in regional needs response can also be seen. The Central and Eastern European region stated more needs than colleagues in Southern Europe, Northern Europe and Western Europe. The response rate for the Central and Eastern Europe was over double that of either Western Europe or Northern Europe but only slightly higher than Southern Europe.

Figure 30. Percentage of respondents within each region indicating needs



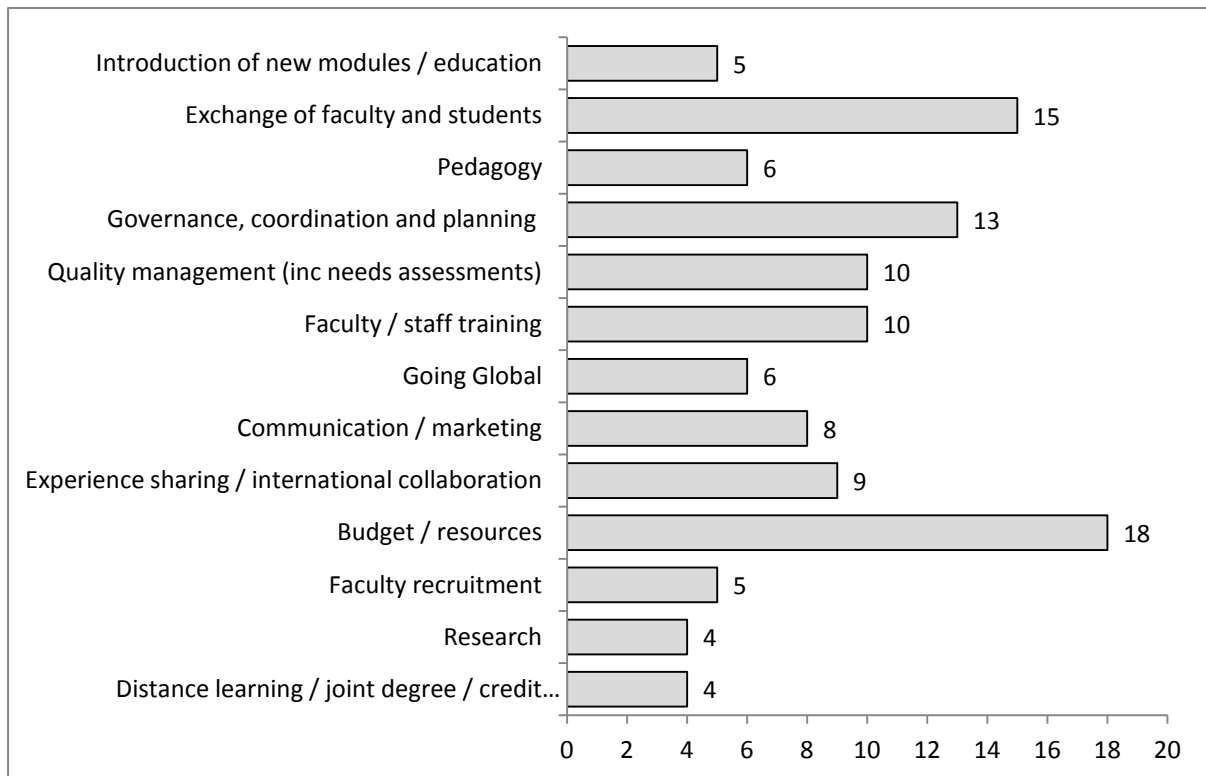
The following Figure 31, Complete need responses by region, represents all the 186 needs (without the 27 non or misunderstood responses) which were entered into the survey and which were coded up into 13 specific categories. The chart uses non-aggregated data which also takes into account the multiple entries made by individual schools.

Figure 31. Complete need responses by region



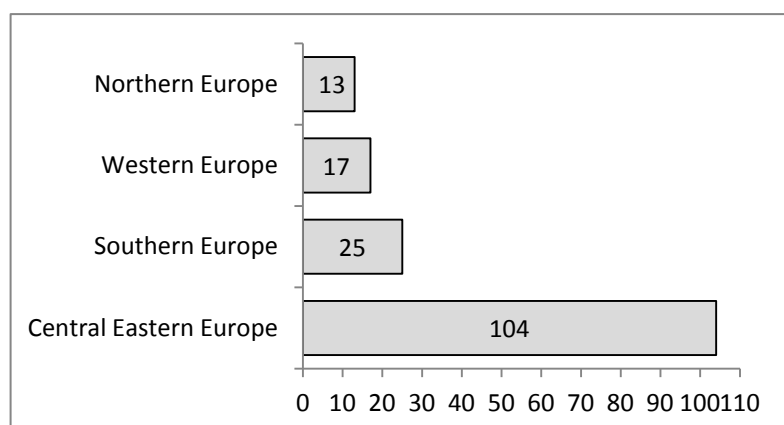
Once the responses were submitted and analysed there was a process of aggregation which saw a reduction of 46 individual needs (within the understood responses, i.e. $186 - 27 - 46 = 113$) which had been repeated by the same schools. The following chart outlines the needs expressed by the schools after aggregating the data.

Figure 32. Aggregated needs expressed by respondent schools



As can be seen there are certain peaks in need with budget resources being the highest need followed by exchange of faculty and students and governance, coordination and planning. Concomitant with the outcomes of the quantitative analysis these results can be

Figure 33. Number of expressed needs by region



broken down into regions. Out of all the needs expressed, over 65% (104 expressed needs) came from the Central and Eastern European region. The question then would be why is

there such a large amount of needs coming from this one particular region compared to the other three regions, especially given that compliance was the second highest across the EHEA region? There are several potential reasons seen for this. Firstly there are more schools in the Central and Eastern European region that responded to the survey so that total amount of needs would be expected to be higher. However, as a per school response rate, the ratios were still higher for Central and Eastern Europe with on average 3.3 needs per school as compared to 2.6 per school Southern European school, 1.1 needs per school in Western Europe and 0.8 needs per school in Northern European schools. A second reason may be that the three regions other than the Central and Eastern European region do not perceive themselves as having so many needs (or at least did not indicate them within the survey). A third reason, could simply be that the Central and Eastern European region consider themselves to have more needs and are quite vocal in expressing them.

One conjecture or hypothesis for this could be that the Central and Eastern European region is in many ways still undergoing transition, or perhaps a more rapid transition than the other regions, which may produce an awareness of, or sensitivity to, perceived needs in comparison to the other regions. In short, there could be a perception of the need for change and an amount of vociferousness in attempting to achieve that change.

This situation may be exacerbated or amplified by the need to obtain external funds in their development processes. Both of the schools from the region in the qualitative review began through internationally funded projects and this is reflective of the processes across the whole CEE region. The text on the website questionnaire read, *"This information will be used by ASPHER to approach funders for activity to service your need."* It is highly conceivable that the schools in the CEE region expressed more needs vis-a-vis the other regions, in response to the prospect of funded activity as this would be a main source of income for their schools.

The chart "complete need responses by region" demonstrates that in every case apart from distance learning, the Central and Eastern European region expressed more needs than any other region and in most of these cases the difference in expressed needs was quite substantial and potentially shows areas for concentration for future activity. The next question that needs to be raised is, does this reflect reality? The coding of the categories meant that many areas of need were housed under broad and often new subcategories

which did not reflect the criteria used in the survey. The new categories form the first enquiry below, followed by those categories co-existent in the accreditation criteria.

Introduction of new modules / education

The first section concerned the introduction of new curricula components. These came within needs assigned to the curriculum criteria and were joined by other areas such as pedagogy or the internationalisation (going global) of the programmes and hence they were separated into a category of their own. All regions apart from the Western European region responded to this with Public health ethics being mentioned twice, public health leadership, public health genomics and global health were mentioned by one school, and the final school mentioned the introduction of modules based on blended learning. There was no relationship of the school's answering in this part to any variables such as age, title of the programme, wealth et cetera. The content areas of these new modules were interesting as they are all contained within the other / cross-disciplinary subject areas of the APHEA eligibility criteria (see Appendix C.).

Table 14. Expressed needs of schools for Introduction of new modules / education

- | |
|--|
| <ol style="list-style-type: none">1. Public health leadership2. Help in curriculum development3. Incorporating Ethics in Public Health4. The curriculum is consistent with programme aims however more stress and support of the practical aspects and methodology would be helpful.5. We would like to introduce some additional elective modules referring to new emerging topics such as: public health genomics global health. At the moment we have these contents only within some modules with a few hours related to it.6. Public health ethics7. We would like to introduce more modules based on blended learning (online + life educational events) |
|--|

Faculty / staff training

This section was rather interesting in that first of all it did not correspond to the criteria used within the survey but is included in the unabridged criteria and during the site visits this section was added as a specific line of enquiry (see Appendix E). There were a variety of areas of staff training which were covered and included knowledge areas, methods and pedagogy, coordination and the need to train junior faculty. The vast majority (80%) of the

responses came from the Central and Eastern European region whereas 20% came from Western Europe. Northern and Southern Europe did not indicate any needs in this area. The main areas consisted of both pedagogy and knowledge specific training out of which health economics was mentioned twice. There was also two mentions of increasing publishing and writing, coordination skills and enhancing junior faculty skills. As this area covers a broad concept of faculty development many schools entered in faculty development across several sections. For analysis purposes these were aggregated to a simple yes/no response for each school, for example if the school had mentioned faculty training three times it would have a single yes response which would be the same as if the school had mentioned that training only once (three schools had entered two or more responses and one had indicated five needs). As a result the original list of 18 was reduced to 10 for analysis. However, as faculty development is part of the larger unabridged criteria as well as being important to the development of schools and programmes in one particular region, it is perhaps prudent to replicate the findings here.

Table 15. Expressed needs of schools for varying areas of faculty and staff development

<ol style="list-style-type: none"> 1. we need upgrading the competence qualities of academic staff responsible for <u>coordination</u> of the programme 2. Strategy for future developments / capacity building 3. We need to train a person (or group) for the <u>coordination</u> of the programme 4. Training workshop on how better learning outcomes could fit to recent training needs and population health needs 5. We need knowledge and skills for development of effective mechanism of translating aims and objectives of the programme into final competencies of students 6. Training for <u>junior staff</u> members is needed 7. We need faculty training in leadership courses 8. Training of teaching staff in some specific subjects for example health economy pharmaco-epidemiology (<i>sic</i>) pedagogic skills <u>scientific writing</u> assessment of intervention 9. Staff training in <u>health economics</u> health care financing 10. Faculty training in teaching methods and <u>pedagogic skills</u> 11. We need clear policy in faculty development which will involve certain skills such as for development and application of online tools in delivery of modules 12. Would prefer to increase the number of resident faculty and have more faculty development opportunities such as participation in scientific conference 13. Staff training in health risk assessment and evaluation of health programs 14. Continuous development of qualifications and competences of teaching staff 15. We need more opportunities for <u>young faculties</u> to improve <u>pedagogic and research</u> skills 16. Staff training in <u>student centred training methods</u> 17. Faculty training in <u>research skills and publishing</u> 18. We need training in conducting self-evaluation on a regular basis

Going Global

This section contains needs which refer to the internationalisation of programmes. The first coding hadn't detected this as a termed grouping whilst the second coder had highlighted more responses from schools in this area. Six schools had issued needs in this area with five schools coming from the Central and Eastern European region. There were originally seven responses in this category being reduced to 6 upon aggregation. Three needs concerned the use of foreign languages with English and Russian being noted. A further three were seeking recruitment of students from other countries and the final country in Northern Europe was seeking how to integrate their foreign students into both the local culture and the labour market. It is interesting to see that the countries in the Central and Eastern European region focusing on this aspect and potentially the Northern European country response holds a clue as to why this might be the case. In the Northern European country it was evident that they already had foreign students as the need was to integrate these students. It could be the case that many regions have already established "global" or international courses and the responses here may simply indicate a wish of the schools in the CEE region to do the same.

Table 16. Expressed needs of schools for Going Global

- | |
|---|
| <ol style="list-style-type: none">1. We would need help in establishment of MPH in English.2. Improving quality of the programme in English and Russian3. more foreign students4. We need to start to develop curriculum in MPH in English as we made such decision therefore we would need help in refinement of national MPH to be suitable for international students.5. We would like to increase the number of students especially through recruitment of students from other countries6. Acculturation of foreign students - facilitation of our labour market to take in our graduates of foreign origin. |
|---|

Communication / marketing

Similar to many of the other sections, this area saw a reduction in the total amount of needs upon aggregating the data. Several schools had mentioned the need to improve communication tools and marketing but by far the greatest category, which included six individual needs, was the promotion of a market for the MPH. All of these schools had mentioned that the national systems did not accept the MPH and therefore it was difficult

to find job placements for the students. A secondary aspect would be to increase salary which was mentioned by one school.

This was an intriguing argument which had been repeated several times during the previous developmental project of ASPHER, namely that the MPH title should be a prerequisite for public health and senior public health sector posts. This is a situation known to be in place in very few countries, for example a recent survey by an ASPHER member in Switzerland found that only one third of the public health workforce had any qualifications in public health³⁴. In many countries the argument is that it is not the MPH award per se which should guarantee employment but rather the education and the competences gained through that degree. However a further point to be raised is one of evidence: are schools fully aware of the career paths of their former students and their salary scales? Unfortunately the qualitative part of this project suggests that they are not which may question on what evidence schools request this legal change. A further problem is that there is a possible conflict of interest where Schools of Public Health run the potential risk of being accused of asking for something which is for self benefit.

What is clear, is that throughout the Central and Eastern European region where these calls are being made, there are continuing problems in the understanding and application of modern public health. Many of these countries fell under the shadow of a public health understanding based within a sanitary epidemiological (san-epid) paradigm. Many of the decision makers continue with this understanding^{xxi}. But things are slowly changing and Russia, for example, has made moves over the last year which may indicate a change in mentality. Since 2009, after decades of disregarding/ignoring the term, the Russian government accepted the degree of Master of Public Health which meant that Masters in public health could now be taught and potentially paid for. The problem remained that although recognised by the MoE, the Ministry of Labour have not recognised it or denoted what roles and responsibilities these public health professionals can have which means that although students can take a master in public health there are no prescribed positions within the workforce which is reflective of the situation most countries find themselves in.

Table 17. Expressed needs of schools for Communication / marketing

1. To develop communication tools (i.e website posters brochure)
2. Qualities of communication tools deserve an improvement in open and adequate manner.
3. We need better skills in advocating our MPH among national stakeholders and support in action of recognition of MPH as diploma which is requested for certain job placement in the country.
4. Improved marketing
5. Improve diffusion in non-English countries
6. We require assistance in publicizing our International MPH Programme in developing countries and countries in transition so as to ensure a steady supply of strong candidates to apply to the Programme (and receive full scholarship support)
7. To facilitate protection of a job market in the public health field
8. We would need more resources to attract potential students. Our marketing strategies are extremely weak while MPH is still not recognized within the state institutions as possible diploma for employment employability of the students with exclusively MPH diploma doesn't exist. MPH diploma serves to our graduates as additional degree and so called advantage at the job market when they search for job.
9. To facilitate increase of prestigious of the speciality and salary
10. To lobby public health among governments and decision -makers
11. One of the most important problems is: Creation and promotion of the market for public health graduates and stronger support of their career perspectives Advocacy for importance of our MPH programme within the national health and education systems.

Experience sharing / international collaboration

Several schools had indicated the need for sharing experience with other schools. Most of these needs were expressed as simply having experience sharing with peers. The category was drastically reduced upon final coding from 17 to 9 due to a large part from there being one school that had copied and pasted the same response across several categories. This could have been legitimate for each category but as this now formed a section in its own right the responses were aggregated and reduced. Out of the schools that were more specific in their needs two major strands were noted. The first one concerned the sharing of information regarding programme objectives of which three schools mentioned. The second strand concerned forms of quality management with schools wishing for external evaluations, quality assessments, peer reviews, and sharing of experience in internal quality management systems.

Table 18. Expressed needs of schools for Experience sharing / international collaboration

1. We need continuous communication/experience sharing with peers (X 5)
2. Creating opportunities to compare programme and objectives with other schools and programmes.
3. Help in developing new Public health objectives in connections with the other European Schools
4. Discuss and compare possible modules to be used also in our setting
5. Need for continuous improvement in the curriculum: participation in international discussions sharing the experience with other schools
6. More international perspective / comparison
7. To implement peer review of syllabi and overall programme by international colleagues/partners
8. More international collaboration
9. Help in devising a reasonable approach to quality assessment in a situation of scarce financial resources
10. Sharing international experience on internal quality management
11. Good practice examples could be of substantial help
12. We need regular external evaluation
13. We would benefit from a review of aims and objectives as they are stated in other MPH programs

Research

This was one of the smaller categories of need and consisted of four needs spread across four separate schools with three of the schools coming from Central and Eastern Europe and one school from Western Europe. The responses are outlined here in full:

Table 19. Expressed needs of schools for research

1. More research activities
2. There is a need for improvement in workload balance so the research activities would receive more adequate space.
3. Develop a specific research centre
4. We need better opportunities for research.

Distance learning / joint degree

As with research there were four responses from four different schools within Central and Eastern Europe and Northern Europe. Two schools had indicated distance learning/education with a further school indicating increasing the possibilities for transferring ECTS between European universities. The final school had indicated that they

needed to develop a joint degree with other European schools in particular areas and these being public health nutrition and health economics.

Table 20. Expressed needs of schools for distance learning / joint degree

- | |
|--|
| <ol style="list-style-type: none"> 1. distance education programme being developed 2. Development of joint degree programs with other European schools in particular areas e.g. Public Health Nutrition Health economics etc. 3. Increased possibilities for transferring ECTS also between European universities. 4. Finances for development of distance learning programmes |
|--|

Faculty recruitment

There were initially seven responses to this category with one school indicating three responses. Aggregation resulted in five responses from schools within Northern Europe, Southern Europe and Central and Eastern Europe. All of the responses were very definite apart from one, in that the schools indicated specific academic positions they would like to fill. Northern Europe had mentioned occupational health, health economics and connected health with two of these being chairs. Southern Europe was seeking a senior lecturer or professor in environmental public health/epidemiology and in Central and Eastern Europe, schools were looking for trainers in health economics (stated twice), health policy, Labour and administrative law, with the final school indicating more multidisciplinary staff. The main difference between the regions can be seen in the levels of faculty required with Northern and Southern Europe requiring high-level chairs and professors and Central and Eastern Europe seeking training faculty. Health economics however seems to permeate regional boundaries.

Table 21. Expressed needs of schools for faculty recruitment

- | |
|---|
| <ol style="list-style-type: none"> 1. Chair of Occupational Health to be filled 2. We are looking to recruit suitable candidates for academic positions at the level of Lecturer Senior Lecturer or Professor in the areas of environmental public health/epidemiology. 3. Trainers in the field of health economics and health policy 4. Acquire more multidisciplinary staff 5. We need more human resources and staffing especially in some fields as Labour and Administrative Law and Health economics 6. Lectureship in Health Economics to be filled 7. Chair of Connected Health planned |
|---|

After coding, five areas of need were seen to directly correspond with the accreditation criteria highlighted within the gaps or compliance section. As such it may be possible to compare the compliance rates with the expressed need of the school's and to save space in the publication but to ensure that the reader has an awareness of the individual needs, the relevant expressed needs are produced in Appendix D. However, a certain amount of caution should be given in taking the following charts and information at face value as there are limitations in comparing the needs of the region with compliance.

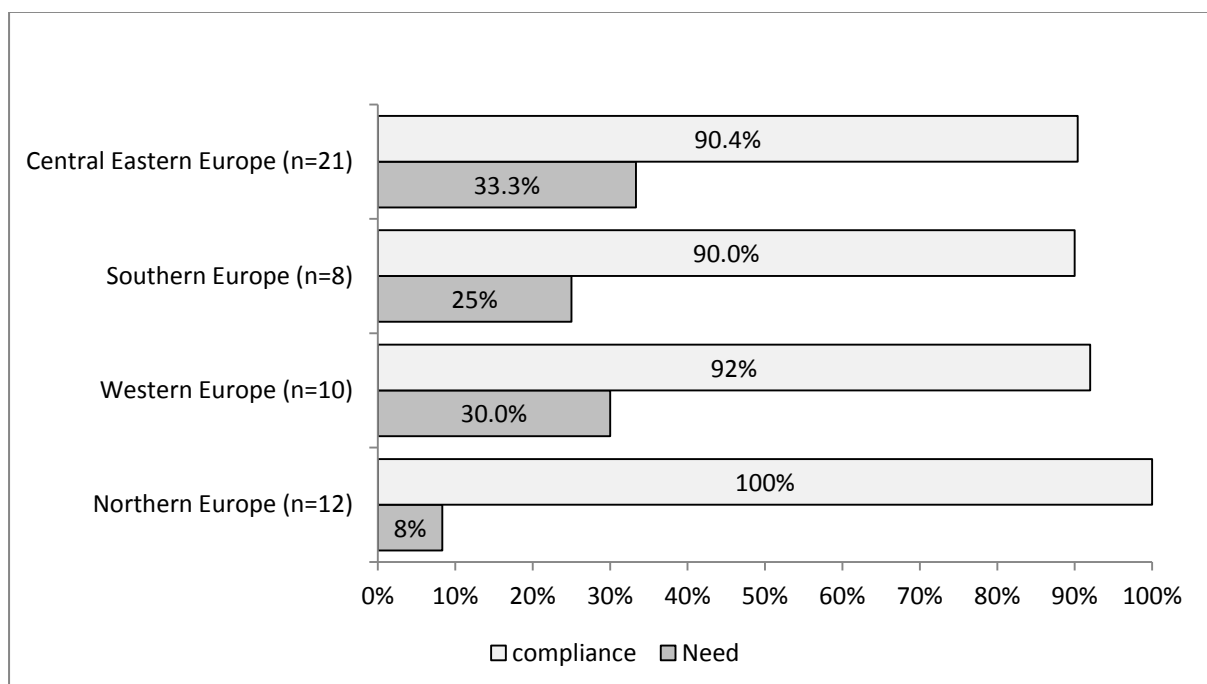
During the workshop of this project it was stressed that the needs are combined together so, although they may sit comfortably under each coded heading, they may not have a direct connection to each other. For example, governance and organisation (criterion 1) is a broad arena of a school's operation which could house several areas from membership of internal bodies through to administration. The graphs below have tried to consider this element and as such have aggregated results and feedback where necessary, for example, within the criteria for budget and resources it concentrates on the whole criterion (criterion 6) and not the individual parts or sub criteria. As all the needs expressed under this particular heading do fit under the broader criteria it works quite well but with the aforementioned criterion 1 as well as, pedagogy (criterion 3.3) and quality management systems (criterion 7) there is less of a clear cut relationship. Nonetheless, the graphs have attempted to demonstrate the data as a numeric exercise by looking at expressed needs as integers or numerical values so that discussion can be induced.

The problem then remains as to whether the need is reflected in the abridged version of the criteria used in the survey in order that a direct correlation can be drawn between need and compliance and, apart from student and staff exchange, this is not the case. However, the 23 criteria are used throughout as a representative "yard-stick" and are deemed more descriptive than prescriptive. The only way to potentially avoid this would be to either survey the entire 61 sub criteria or, better still, conduct site visits of the respondent schools. Neither of which would be practicable for a survey of this size.

Governance and organisation

The first section regards criterion 1 in the governance and organisation of programmes. The previous gaps survey demonstrated a high level of compliance across the European regions with all regions having 90 plus percent of compliance. Three of the regions showed relatively high needs in this regard especially taking into consideration the high compliance rates.

Figure 34. Governance and Organisation: regional variations in average compliance and expressed needs

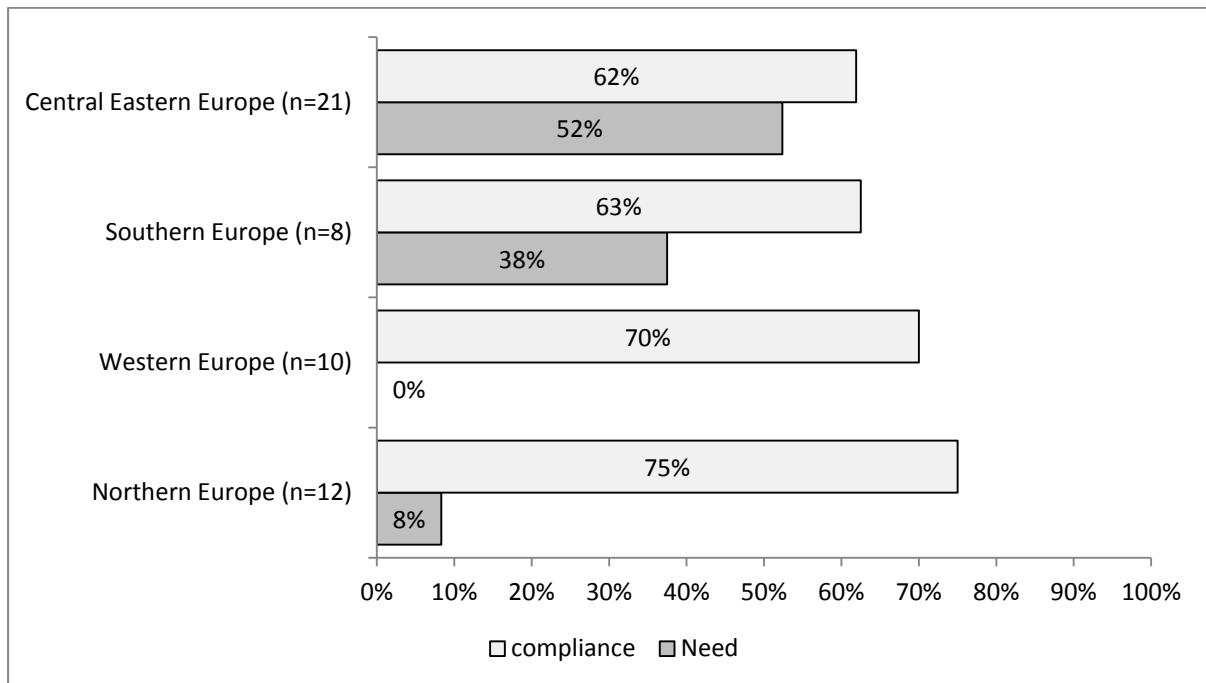


Exchange of faculty and students

Criterion 3.6 of the European accreditation criteria stipulates that international exchange of staff and students is facilitated and this formed one of the questions asked during the survey. It also formed a separate category within the needs section. The chart below compares the variations in the average compliance rates taken from the survey and compares these with the average expressed needs. What can first be seen is that the Central and Eastern European region have the lowest compliance and over half of the schools in the region expressed this as a need. Alternatively, Western Europe had 70% compliance rates but no school felt this was a need. Southern Europe again is interesting in that there was the same compliance as the CEE region but had rather less expressed need.

In many ways this chart may show that compliance bears no relationship with regard to need in this particular area.

Figure 35. Exchange of faculty and students: regional variations in average compliance and expressed needs



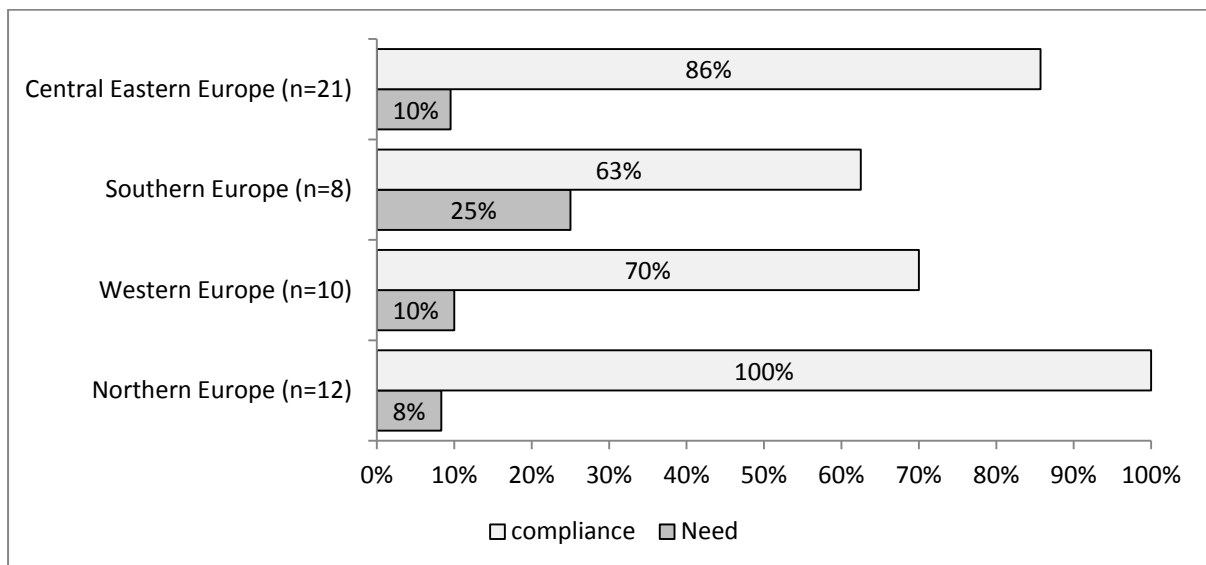
This element of exchange of faculty and students is a special case in that it forms a central tenet of the Bologna declaration to which all schools and countries in all regions belong. Having agreed to this declaration it would be anticipated to see high compliance rates but this is not the case. The regional variation in compliance is reflective of the wealth in those regions, namely that the richest region has the highest compliance and the poorest the lowest. This maybe complicated for the Central and Eastern Region in that some of the schools may not be eligible for funding of these schemes. However, the majority of schools are eligible for funds both for faculty and student mobility. The needs are more apportioned in this category than in other areas with the lowest compliance region also having the largest needs. Again, Western European countries display reduced compliance and no needs which seem incongruent. There are certainly issues with this area but the research was not able to detect what exactly the issues were, such as, was it caused by an inability to access funds, a lack of a network, faculty and students not having the time, the schools not investing in this area or perhaps the schools not having an Erasmus charter. Furthermore, as

highlighted elsewhere in the publication, there is an inherent problem with this criteria in that it consists of two integers, both faculty and students. This means that it is unclear whether the responses in the compliance refer solely to faculty or to students and this creates and maintains a constraint in the interpretation of this data.

Pedagogy

This section was mainly responded to within the curriculum criterion (3.3) and was covered in the main gaps section under didactic concept. Schools covering all regions responded. The needs included, more effective incentives to mobilise students self learning, the introduction and expansion of problem based learning as well as other new learning methods. Three schools specifically requested assistance and help in the development of didactic philosophies, competency frameworks and new methods for student evaluation.

Figure 36. Pedagogy and Didactic concept: regional variations in average compliance and expressed needs



This latter element was understood to refer to assessment rather than a quality management evaluation of students. The one school which did ask for assistance with the didactic philosophy was also shown to have a non-compliance within criterion 3.3, concerning the didactic concept of the school.

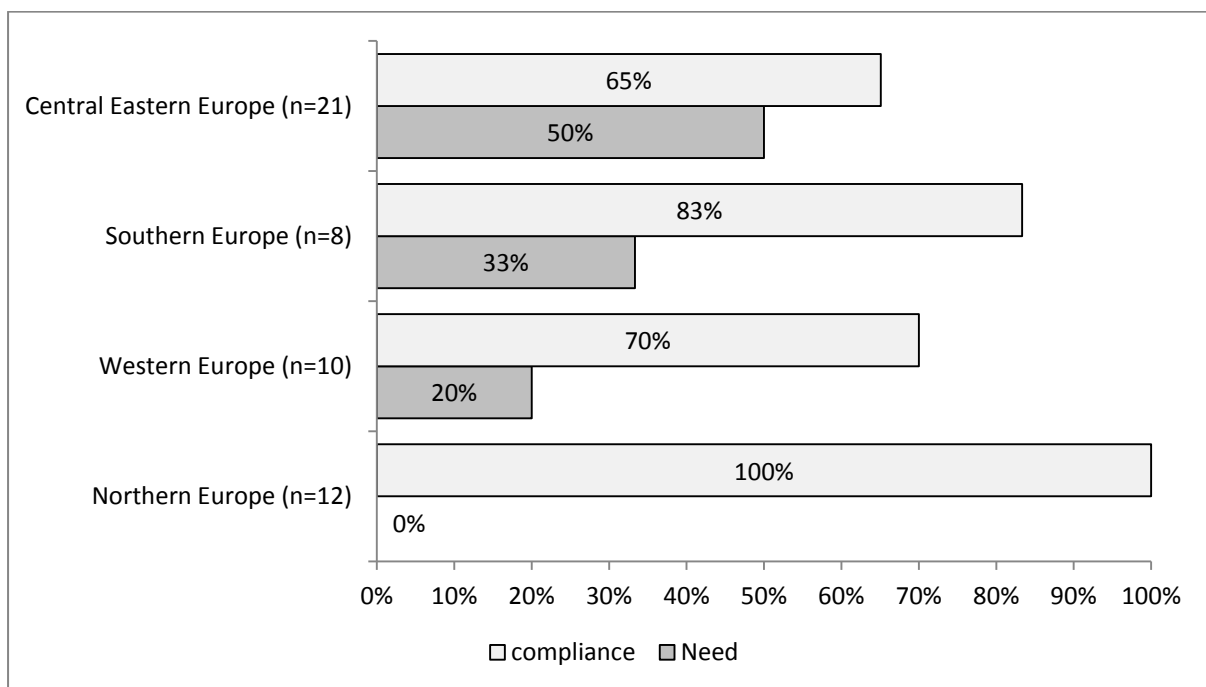
As can be seen, Southern Europe had both the lowest compliance rates and the highest needs in this regard. Western Europe had the second lowest compliance rates and had

needs similar to that of the Central and Eastern and Northern regions although both of these latter two regions had a higher compliance rates.

Budget / resources

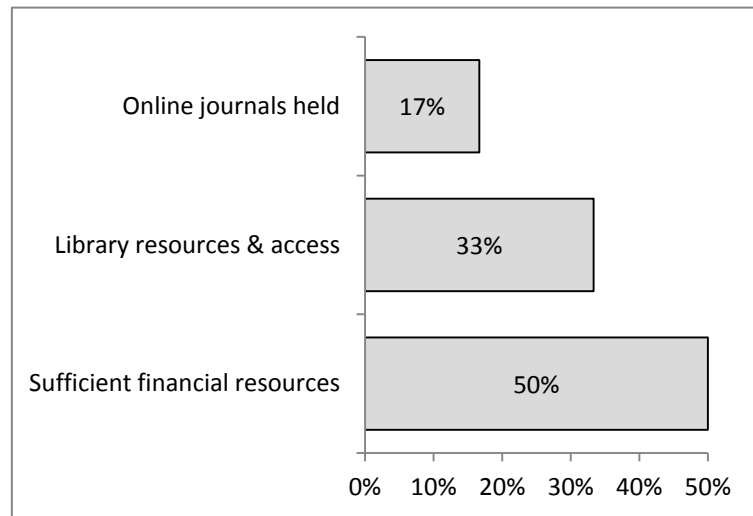
There were 23 initial replies in this need section which upon review and separation of some of the individual responses came to a total of 26. The responses were then aggregated for analysis down to 18 as many of the schools had entered in several areas under this category.

Figure 37. Services, budgets and facilities: regional variations in average compliance and expressed needs



Unlike many of the other categories reviewed apart from faculty and student exchange, this particular criterion did see the lowest compliance in the Central and Eastern European region with a corresponding high need. Western European schools had the second lowest compliance but the third lowest need. The regional relationship

Figure 38. Central Eastern Europe: Breakdown of need for Services, budgets and facilities

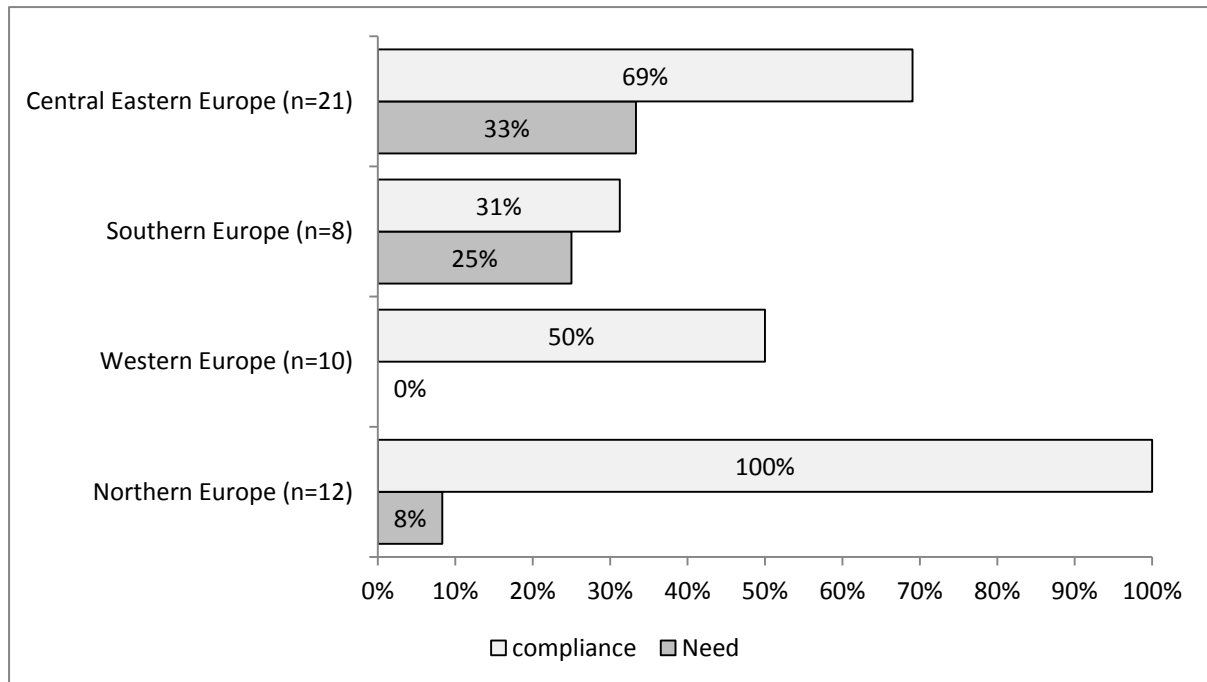


with regard to this section can be seen at face value with over two thirds of the aggregated needs (as opposed to the total expressed needs) coming from the Central and Eastern European region. It is perhaps worth a further investigation into the individual areas that the schools see their need and to do this the original data (pre-aggregation) will be used and a more lenient view of some of the entries will be taken. For example, some schools simply entered in "budget" and this will need to be placed under criterion 6.1, financial resources sufficient support the programme. All amounts were then calculated as a percentage upon the total responses, in this case 18. As can be seen the major concern would be the sufficient financial resources (taking into consideration the leniency of interpretation), followed by library resources and finally online journals. The latter two categories did not require interpretation as responses were quite specific. It is worth bearing in mind of course that these countries are significantly poorer than many of the other regions involved and that there may also be an issue with how schools interpretate their financial resources. Money related questions are potentially infinite in that schools may always wish for more. Having noted this, within the qualitative part of the research there was a heavy usage of the term "crisis" and there was a strong sense that schools, to coin a phrase, were "feeling the pinch".

The needs for quality management systems

The next category found both in the accreditation criteria and within the coding referred to the schools' quality management. This forms a whole criterion (7) which itself is constituted by two sub criteria.

Figure 39. Quality Management Systems: regional variations in average compliance and expressed needs



This graph shows a trend in that Southern Europe has an amount of needs but an accompanying low compliance rate. Central and Eastern Europe again has comparably high compliance tied with the highest needs. Once more Western Europe have not expressed any needs but only have a 50% compliance rate. In contrast, Northern Europe has more needs but a complete compliance. The figures from Southern Europe would seem to suggest that there is an awareness of the gaps whereas the opposite could be said for the schools in Western Europe.

Conclusions

If the abridged 23 accreditation criteria used in the survey can be taken as reflective of the 61 criteria used for accreditation, then the overall picture for the European region is extremely positive. On average schools in the region had 86% compliance across all of the accreditation criteria with only around 2% of unchanging non-compliance. Out of all the criteria, international exchange of faculty and students was seen to have the lowest compliance rates with quality management systems in second place. Overall mobility was seen both as the area of least compliance and, based on aggregated scores, the second greatest need for schools in the wider European region. What distinguishes this issue above all others is that it forms a central part of the Bologna declaration. The mobility issues permeated every aspect of enquiry which seems to suggest that it is a global problem and not restricted to any particular variable or at least no variable available in this survey.

Quality management systems, on the other hand, were clearly distinguished as being a regional issue, as too were four other criteria. At the outset of the research it was envisaged that the poorer and newer schools would see the lowest compliance. Surprisingly this was not the case and it was Southern Europe that took this honour followed by Western Europe. Northern Europe demonstrated a clear whitewash of compliance with the CEE region demonstrating the second highest compliance. For ASPHER this information can also be taken as positively encouraging since it was previously involved in the establishment and development of schools in the CEE region and principally through the use of the PEER review.

Given the differences in regional compliance it was rather baffling to see how the different regions assessed their needs. All of these regions conformed, more or less, to a sense of logic in that there was a correlation between compliance and needs. This was not the case for the remaining CEE region whose needs were nearly double the total combined needs for the other three regions. The research couldn't give definitive answers why this was the case but what it could show, for several criteria, a reverse situation occurred in Western Europe where there was sometimes a combination of low compliance and low expressed needs. With regard to achieving accreditation, this potentially is not a healthy situation as it may be that the schools are unaware of their needs in developing aspects of the school toward APHEA standards. On the other hand, Southern and Northern Europe did display "logical"

responses with Southern Europe having the lowest compliance but a relative amount of needs and Northern Europe having high compliance rates and low expressed needs.

The research very clearly demonstrated that there was a plethora of names for both the schools and programmes which did not necessarily include the term public health. This was interesting with regard to the American situation where all of the school's accredited had public health in the titles and all but one of the accredited programmes (a Canadian programme) had public health of the title. Earlier discussions at the beginning of the 1990s had emphasised the role of a accreditation in potentially guiding Schools of Public Health toward the American model of standalone schools. What the evidence from this research provided was from that neither the institutional location nor name of the school had any bearing on the programmes. Programmes were shown throughout the region to meet the requirements stipulated under the eligibility criteria which focuses upon modern and comprehensive public health without the necessity to contain the name public health.

For those programmes with the term public health in the title, the majority began life in the 21st-century and in all cases no later than the 1980s. When the age of the programme was compared to the age of the school it was seen that those schools with a larger gap i.e. old schools / new programmes, were seen to have more problems than most apart from those schools which were younger than the programmes. The evidence didn't provide an explanation as to why programmes should be older than schools although several scenarios were examined. What was interesting is that those negative year schools demonstrated low compliance across all criteria and a high incidence of static non-compliance.

The programmes across the region were also viewed upon whether their degrees received continuing accreditation and if they did, whether that agency responsible was recognised internationally. A surrogate indicator for this latter aspect was taken as ENQA membership. Schools who were accredited by non-ENQA members demonstrated low compliance compared to those with no accreditation or accreditation through recognised agencies. These schools were represented throughout the region and had no shared defining features. Those schools which either do not have accreditation systems or are accredited by non-ENQA members may find, for marketing purposes alone, extra value in pursuing European accreditation through APHEA.

QUALITATIVE SITE VISIT METHODOLOGY

To complement the quantitative elements which viewed the schools based on their own inputs at a more macro level, the project also instigated a series of micro qualitative site visits to schools around the region. There were three site visits envisaged which would provide qualitative and in-depth data on the schools, their operations and the mechanisms for change, of which the results may be generalised or extrapolated to other country settings. The initial ambition was to choose schools based upon the findings of the quantitative results but this was not possible as the funder required both the names, reasons and dates of the visits during the application stage for the project.

The countries chosen were representative of the countries of the region but with a heavy emphasis on the Central and Eastern European regions. As these were quite intensive exercises only three schools were chosen over the project period. The first was Spain as it represented an older EU member. The second country was Serbia who, in January 2014 look to start EU accession talks and is representative of South East Europe where the results may be extrapolated to other countries in that part of the EHEA region. Finally, Russia was chosen due to the historical influence of the country over many other countries which still permeates today. As a member of the EHEA, Russia will remain outside of the EU.

The first part of the methodology concerned the use of the original 24 criteria outlined in the previous survey construct (including the previously truant criteria 5.1.). These were to be used as the backbone of the future investigations. Within the accreditation procedures these criteria draw a heavy focus on the information given in the self-evaluation documentation. The accreditation site visits then verify the information and follow up on any other areas. As such, accreditation tends to focus upon the provision of evidence and a series of "checkpoints" to verify both the existence and extent of that evidence. This project could not rely on an extensive self-evaluation as this would have put too much strain on to the schools taking part and instead a 'light touch' approach was taken, which consisted of a representative self-evaluation, covering the main areas of the school, along with a more interrogative series of meetings within the site visits. Moreover, the site visits were not just intended to give the schools a yes/ no feedback but to view the process in a similar vein to the PEER review, so as to produce a series of quality improvement recommendations. As

such, the process and the research was intended to be of use to the schools for further development.

During the first project meeting it was recommended by one of the team members that a series of protocols should be devised so that both the schools and site visitors had a common frame of reference. To achieve this, the task consisted of converting the 24 criteria statements into a series of questions and scheduling that could be used during the meetings. The APHEA checkpoints were first assigned to the chosen 24 criteria to ensure that any verification required by accreditation was also addressed in the site visits. The criteria were then aligned to the standards used within the previous PEER review as this review offered a series of questions, rather than checkpoints, which were designed for quality improvement purposes. Finally, the alternative standards and criteria used by other accreditation agencies which were used as part of the previous quantitative comparative study (see Table 6. APHEA Criteria compared to other accreditation) were reviewed once again to understand if there were any alternative ways of interrogating these criteria.

The questions were then finalised with several ambitions in mind. Firstly that they provide a set of basic questions which could be delivered equally to all schools involved in the on-site reviews and which, secondly, could then be transcribed and comparatively analysed. Finally, the questions weren't designed as a *fait accompli* but rather as an interrogatory first line of questioning which could open up further lines of investigation. As the site visits were intended to be for the use of the schools involved, as much as for the research, it was important to ensure that sufficient time would be left outside of these initial questions for open discussion.

The process involved within the site visit would consist of meetings with key members of each school. Once the questions had been allocated to the corresponding criteria it became clear who were the relevant actors at the school and the following list outlines the 10 individual types of actors that the questions were to be directed at.

Table 22. On site review interviewee list

1. Dean / Director	6. Computer staff
2. Programme coordinator or group	7. Students
3. Faculty Representative in formal school body	8. Student Representative in formal school body
4. Teaching faculty	9. Stakeholders - especially employers
5. Librarian	10. Quality management section - if applicable

Furthermore, the identification of the interviewees along with a list of questions provided a basic framework for the site visit schedule. The schedules were envisaged to cover two days of interviews followed by the morning of the third day for the site visit team to collect and annotate their views. Comments and recommendations would then be given to the school on the third day afternoon including all the actors who took part in the interviews and would solicit their initial feedback to the findings. There were two separate visiting teams covering the three reviews with the first team attending both the first and final visit. The questions, from experience, could be estimated as to the time that they would take to be delivered and replied to and this would allow for an estimation of the time required. The following table highlights the initial estimations for time required by the questions with both faculty and students also being involved as representatives.

Estimation of the time needed (in minutes) for the questions proposed.

	Criteria 1	Criteria 2	Criteria 3	Criteria 4	Criteria 5	Criteria 6	Criteria 7	
Director	10	10	20		15		10	65
Coordinator / QMS	10	25	45	10	10		10	110
Faculty	10	15	10		30		10	75
Librarian / computer						20		20
Students	10	10	30	15		10	15	90
Stake-holders	10	25					15	50
	50	85	105	25	55	30	60	410

As can be seen the total number of minutes equated to just under one working day of interviews. Therefore by doubling this amount, the schedule could be drawn up to cover two days of meetings and allocate the amount of time for the individual interviews. As there was no way to pilot test this beforehand, the first site visit was used to review and reform

these areas. During and after the first site visit, a restructuring of these questions and the schedule was completed for distribution to the second and third site visits and the finalised protocols can be found in Appendix E. Initially the questions involved were anticipated to be delivered in situ without the interviewee's prior knowledge. After the first site visit it was decided that the protocols should be sent beforehand to give the interviewees more time to reflect. This was deemed important as many interviewees would not be native English speakers and they could arrive prepared which could also have had the potential to speed up the whole process. One negative side point of this was that the protocols appeared to some as very formal and tantamount to accreditation proper.

The process of question generation also highlighted the requirements of the self-evaluation documentation and what information was desired prior to the arrival of the on-site reviewers. The self-evaluation documentation, as mentioned during the accreditation procedure, is a fundamental part of the process and requires that the schools invest a heavy amount of time and manpower. Within these site visits the process was expected to be lean, with a minimum amount of effort being required from the schools. To this end, schools were presented with self-evaluation requirements and asked for any information to be sent to the project so that the project management could then generate the relevant information. Often this meant receiving documentation in a national language which had to be translated through Google translation, as well as having to verify information contained within websites. Once documentation had been completed it was re-circulated to the school for verification before distribution to the on-site reviewers. This ensured that an introductory overview and a minimum amount of information regarding the school and programme was given to the on-site reviewers before their arrival so that there was some amount of pre-cognition of the situation.

The schools visited

The first school to be visited was the Escuela Andulza de Salud Publica in Granada, Spain. The school began in 1985 and was established by the regional government in Andalusia to build a strong workforce. The school offers a medical specialisation in public health called a Masters in Public Health and Health Management which is simultaneously offered as part of a two-year international master collaboration entitled Europubhealth. Teaching forms only

a part of the activities at the school and faculty are required to undertake projects in both research and consultancy on a regular basis. The mission statement is as follows:

The Masters in Public Health and Health Management of EASP main objective is promotion of training in public health and health service management, promoting the training of professionals in this field. This is a master's program that is recognized by the University of Granada, as the title itself, and that it leads to obtaining certification of European Master in Public Health by the standards of the Association of Schools of Public Health in the European Region (ASPHER).

The second school to be visited was the Centre – School of Public Health and Health Management, which was founded in 2004 as an organisational unit within the Faculty of Medicine, University of Belgrade. This school began with support from the European Agency for Reconstruction and was funded initially by the European Union. The Master of Public Health programme available at school is two-year part-time award and is taught alongside the provision of two other Masters and two doctoral programmes. The mission statement reads:

The mission of the School is to improve public health and health management by providing outstanding programmes of education, training, research and consultancy to the next generation of professionals and leaders. The vision of the School is to create professionals, capable to meet challenges in public health and health management, through the training of a public health staff and health care managers. A good-quality and contemporary work methods of the School avails it to grow into a regional centre for education and research in the field of public health and health management.

The final school to be visited was the International School of Public Health in Arkhangelsk, Russia which was founded at the Northern State Medical University in 2006 as part of an international collaborative project involving seven Nordic universities. The Master of Public Health is a two-year full-time course and is the main output of the school. During the project years the Master of Public Health award was issued by one of the international partners and from 2011 onwards the school had accepted its first students on to the Russian licensed Master of Public Health programme. The mission statement of the school is as follows:

The mission of the school is to increase the level of knowledge in methods of research and practice in the field of Public Health and promote the implementation of this knowledge in Northwest Russia through providing a Master of Public Health education at the Northern State Medical University in Arkhangelsk.

QUALITATIVE SITE VISIT RESULTS

All of the site visit reports from this part of the project are produced within this publication as case studies whereby readers can monitor and investigate the findings and recommendations made. The schools represented a range of different entities and working structures and hence there is no possibility to apply a "commonality" to all these schools. However, the ambition is to highlight the differences and similarities between these schools so that a greater understanding of the needs and processes involved at a local level throughout the region can be gained. Much of the investigations raised and uncovered areas which are known to affect many schools and as such can potentially provide reflective material for colleagues throughout the region. The structure of this section follows the structure of the accreditation criteria and next to each sub category there are circles which indicate the frequency in which the criteria were discussed, commented upon or, recommendations made. The full black circles indicate how many schools are included in each criterion. In the main, only areas which were addressed in two or more schools will be used. However there are several key issues which, albeit addressed only once in site visits, are known to affect many countries throughout the region and these will be included. All of the criteria contained within accreditation are covered below apart from criterion two, aims and objectives of the programme as these were absorbed into criteria three and seven. As mentioned above, the complete on-site reviews are contained within this publication in the form of case studies for the attention of interested readers.

Criterion 1: governance and organisation of the programme

Legal recognition ●○○

As highlighted on several occasions throughout the publication, the term "public health" is often not recognised in many countries of the EHEA and the site visits demonstrated how this situation is changing in Russia. In 2009 the Ministry of Education introduced a code for the Master of Public Health educational programme into the national nomenclature which authorises the formal existence of an MPH degree. This is also understood to ensure that foreign issued masters of public health can be nostrified^d within the Russian system. However, this is a transition phase and although the term exists with the Ministry of Education, the Ministry of Labour has yet to stipulate what professional roles holders of an MPH can take. Without such a decree it will be very difficult to promote the career aspects of the programme which is a similar situation to many schools. Accompanying the legal recognition are also programme specific regulations such as, the programme is required to be taught full-time, which may affect the attractiveness of the programme to potential students. Russia has long held a great influence over many countries in the EHEA and it is hoped that the official recognition of public health will spread throughout these countries and that the Ministry of Labour will soon denote the professional remit of the award.

School institutional position ●●○

As previously noted, the debate in the 1990s was whether to have autonomous, stand-alone Schools of Public Health similar to the American model and part of this argument was to adapt to a broader concept of public health outside of the medical view. Equally during previous OSI ASPHER developmental projects schools were often advised to strive for autonomous budgets which could release schools from the burdens of administrative charges and the constraints of larger bureaucratic bodies in releasing finance for use in a timely or independent manner.

Two schools, as part of the qualitative research, were housed within medical structures. In both cases, given the present economic climate, the status quo was recommended to

^d grant recognition to a foreign degree

remain unchanged. Moreover the relationship between the medical structure and the schools was seen as very positive and encouraging. It is conceivable to imagine that the situation has changed somewhat since the 1990s as regards the relationship between medicine and public health. The quantitative research highlighted that the vast majority of programmes of public health, rather than for example, specialisations in preventive or community health, began after the 1990s. It may well be that, since this point in time, public health training has acquired considerable political and academic prominence³⁵. As a result, there may have been an accompanied growing awareness of its remit which could have aided support but also reduced resistance especially from those who might have felt territorial encroachment. This is to say that medical faculties and universities may no longer be the agents of resistance they were once considered to be and from the evidence provided from the qualitative site visits this would seem true. With regard to finance, there will always be elements of financial constraint whenever a smaller unit is part of a larger structure and where possible the advice was that tuition fees should be sought to provide an element of freedom in financial planning.

Strategic Planning ●●●

The issue of strategic planning was raised in all visits. In the first case the school had issued reservation outside of the formal meetings about the implementation of their own strategic plan and the complications of assigning progress indicators. In the second case the school was encouraged to contemplate the development of a five-year strategic plan which would be developed in collaboration between the faculty, the students and stakeholders from the local public health services. In the third example there was an emphasis on strategic planning for the didactic processes in the school and members of this school had also enquired as to the possibility of ASPHER members being able to assist them.

Internationalisation ●●●

There were similarities between all three schools in their international intentions. Although this area exists outside of the accreditation framework it was discussed during all visits. One

school, Granada, had a very active international presence and was part of an international degree collaboration whereby students were drawn from around the globe. The second school, Belgrade, was actively involved in the generation of an English taught Masters, whereas the third school in Arkhangelsk was recommended to internationalise its programme. In this sense the three schools were at varying degrees of internationalisation which is rather interesting. In Spain the catchment area is Spanish-speaking nations especially in Latin America which provides them with a vast pool of potential candidates and the school believed the students came to study with them because of the value that the master gave to them. In Serbia the team met with students from Ghana and Nigeria who are taught in Serbian and supported through scholarships. All of the students, including the Serbian students, felt that learning in English would be beneficial and add value especially when working in foreign countries. An English taught programme may open up many markets for the school, both regionally and internationally, and is supported at the University level. Likewise the school in Russia had just graduated a student from Nigeria. However at present the school was in transition from issuing a foreign-based award to issuing a Russian accredited Masters of Public Health degree and as such, potentially reducing the marketing value of their award. Throughout the project it had been heard that certain countries outside of Russia were planning and implementing programmes in Russian because of the large catchment area of the Russian speaking population. Another example given to the school, was that there are large amounts of students coming from foreign countries and studying in Russia but who were having to leave after their bachelor or medical degrees because there were no further degrees, such as the Masters in Public Health, which could afford them the possibility to officially extend their stay.

Communication and marketing ●●●

This element of the school's practice is quite diverse. In one of the schools it was found to be excellent to the extent that they should be encouraged to help other members of ASPHER and Schools of Public Health learn some of their practices. In another school the advisory board were aware of the need to develop the communication strategy as it was felt the school was not publicising the strengths of either the school or the individuals within. The site visitors in this case delivered a basic framework for the development of a

communication strategy which stressed concentration being placed upon using their alumni for marketing purposes. This was expanded within the third school to not only alumni, who were actively promoting the school, but also toward local public health professionals who could be invited onto courses or modules to firstly understand the functioning role of the school and to subsequently act as ambassadors. The use of alumni was a recurring theme throughout visits and will be addressed for different purposes below.

Criterion 3: the curriculum

Offering curriculum in parts ●●○

In two of the schools reviewed the site visit teams recommended that the schools should investigate the possibility of offering the curriculum in parts, such as CPD modules, or as a part-time programme. There are often legal restrictions on the format for Masters degrees which can inhibit this latter element but, this being noted, full-time degrees are often not attractive to the working population and hence can create a reduction in potential admissions. Offering out short-term courses with the potential for certification was also seen as a positive way in which the schools can market themselves and these were advised to be developed around the use of electives. The third school was also encouraged to make more efficient use of electives by potentially embedding them within other programmes the school was offering or planning to offer.

Criteria 4: students and graduates

Alumni Data on career paths ●●○

In all of the site visits that took place the reviewers had stressed the career potential of the courses for the students. The use of electives previously mentioned was seen to offer concrete career advantages to many participants as it would allow them to specialise in key areas without having to undergo a full Master degree. In the other two schools the advice was to collect alumni career data. It was found that there was no systematic collection of this data which could be recycled within the schools for marketing, career services and pedagogy. During these discussions it also became apparent how some of the on-site reviewers' schools were either not doing this or had sought unsuccessfully to undertake this

activity. Within the quantitative part of survey many schools had recommended that their governments should recognise the MPH award as a prerequisite for public health posts. The evidence presented here would question whether many schools actually know what careers and what career advancement their degrees bestow on alumni: do schools know what their students are doing after their degrees? Without this evidence it will be difficult to influence policy. During the feedback sessions it was recommended that an Association such as ASPHER may seek the potential to develop a European wide survey of the career implications of holding a public health degree. Unfortunately, based on the recent Swiss research³⁴, the potential results of such a European wide survey may not be all that encouraging.

Student reading ●●○

Further to the question of what students are doing after their degrees, the site visits also raised the question, of whether schools know what their students are doing during their degrees. In two of the reviews faculty considered that their students were not reading enough. The issue is that this observation may be subjective, for example, a trainer could believe this to be the case but the student may be overloaded with work or reading from other areas. In one site visit the topic was raised with students but the teams were not able to build an impression regarding the students extracurricular workloads. In another site visit one student without prompt, cathartically self-declared that she had not done the reading for a particular module. The suggestion made in one visit was that the school undertake some form of survey to collect data of how many hours students devote to self-study. This would not have to be a formal survey and could consist of simply talking to a representative sample of the students before and after the module to understand their workload and any issues they may have with the reading. Feedback from these students could then be analysed and used in planning future readings.

Criterion 5: human resources and staffing

Faculty development ●●○

Contained within two reviews were recommendations for more formal policies in the development of faculty. In the first example the team noted that there was no overarching formal policy regarding the development of faculty, although many had the opportunity to develop themselves at an individual level by attending courses and international collaborations. In the second site review trainers were found to be employing several didactic methods which were again employed at an individual level so the school was advised to consider integrating educational or pedagogic policy which could be used as a framework onto which the development of staff could be based. In all of the schools visited, the site reviewers found very enthusiastic faculty.

Faculty Exchange ●●●

Ranking low in compliance and high in need, this aspect was discussed in all of the schools although it was not central to discussions and was focussed mainly on the faculty rather than the students. In one school the faculty had mentioned that they have possibilities for exchange and foreign travel but their workload often restricted them. In the other two schools it was seen how the previous establishment projects had incorporated exchange for faculty but these had terminated as an activity when the projects had expired. There was still some faculty involved in exchange activities in one school because there were certain elements of the establishment project which had received an extension and one of them being for those faculty undertaking doctorates or remotely employed in other foreign universities. Faculty from the third school had mentioned how they missed this aspect and wished for it to return, as it gave them valuable insight into both content and functioning of other schools and programmes around the European region.

Faculty publishing ●○○

During the OSI ASPHER developmental projects several faculty complained about how low publishing rates cast uncertainty over their academic tenure. As part of this project, this element had again been raised in one of the site visits. The problem centres around the need of faculty to fulfil their tenure in order to maintain their positions and seek promotion. Many tenure around the region are quite strict in stipulating both the amount of publishing to be achieved and the impact factors of the journals in which to be published. However the vast majority of the faculty in the region are non-native English speakers and require linguistic and grammatical help which can constrain them in their ability to publish. This issue was again raised during the workshop of this project and as such forms recommendation for future activity.

Criterion 6: supportive services, budgeting and facilities

Online resources: economies of scale ●●●

All of the schools involved had access to journals provided through centralised systems either through a national library consortium, a regional health authority or through the university bodies. In the main this was seen as a good opportunity to create economies of scale to the benefit of both faculty and students. For the other schools contemplating these forms of collaboration it may be worth taking care over the access for students and also the ability to determine the nature and extent of subscriptions, including essential international literature, which are apt for their schools and programmes. Having noted this, in times of economic hardship, this form of collaboration was seen as extremely useful.

Crisis, what crisis? ●●●

Within the accreditation criteria, albeit not part of the 23 survey questions, schools were observed for their financial sustainability. This question was never raised specifically to the schools during the site visits although the reviews were given the opportunity to comprehend the economic situation of the schools. In all of the schools the term "crisis" was a familiar presence in many meetings. All of the school's in the project were acutely

aware of the financial constraints that were being imposed upon them and all had mentioned how this had affected their operations and aspirations. Although the teams had no bearing on this situation there was nonetheless a sensitivity to it when making recommendations. For example, in one school it was demonstrated how many of the recommendations could be interconnected through the establishment of a small informal team which could be established and run using existing-to-low resources.

Criteria 7: internal quality management

Stakeholders ●●●

All three schools were advised to refine procedures with regard to the stakeholders of the school. In two of the schools this was based around the quality management systems which were heavily student focused in the evaluation of student perceptions. These were often taken during the courses but no formal structures existed for the assessment or needs of the external stakeholders which here also contain alumni. In one school this process was recommended to be seen as part of its marketing strategy whereas for the other two schools it existed within their internal operational structures.

This dynamic relationship with stakeholders is seen as an important aspect of the school's functioning in order that the skills required by the marketplace are being fed back into the programmes which in turn ensures the pertinence of the given training.

Within the scope of this project, these were important observations as the core criteria of accreditation posit only 'discipline' specific content. Most modern curricula endeavour to teach both discipline and functional or transversal competences which are absent from the accreditation criteria. It is these transversal or "soft" competences, such as communication skills, which can be integrated within a programme's structure.

As an example, between 1993 and 1995, Johns Hopkins School of Public Health surveyed it's alumni and found that 92.9% of alumni respondents felt that 'communication skills' were very important in their workplace. Only 15% said that the school prepared them and over 52% said that the school did not at all prepare them.^{xxii}

Equally in Europe, a recent 2012 study by the ASPHER Working Group on Innovation and Good Practice in Public Health Education examining the exit competencies of graduates³⁶, found that in regard to the example of core communication skills, schools estimated their outputs considerably lower than public health employers expect as the desired level of performance³⁷. This evidence would strongly suggest a required focus on the interaction of programmes with the external environment and integration on non-discipline based competences in to their curricula.

Feedback from the reviewed schools

As part of the project and publication the site visited schools were requested to provide an honest feedback on the process. Below are the comments made by the schools.

Escuela Andulza de Salud Publica in Granada, Spain

"It is more and more common to have audits of the quality of a given Master Programme. However to have the possibility to obtain specific advice coming from public health experts for improving the quality of the master programme is a unique opportunity, especially if your institution is willing to undergo accreditation.

To provide with the more detailed information about the context, organization, management and contents of the programme is essential in order to organize a successful site visit. In order for the auditing team to have the possibility to interact with the academic and managerial team involved in the programme, a detailed agenda as well as the commitment of the different stakeholders should be organized in advance.

The more opportunities you provide to the team, the more possibilities there are for them to learn about the functioning and characteristics of your master, therefore more focused and valuable comments you will receive in order to maintain good elements, to modify and to improve existing practices, or to introduce new contents or procedures in order to complete or improve the course.

The review of the seven criteria provided to the EASP highly valuable information to be used to improve the Master Programme and to successfully undergo any accreditation process.

We were very positively impressed by the sound and knowledgeable advice provided by the visiting team, and we are indebted for their encouraging and helpful recommendations."

Alberto Fernandez Ajuria. Programme Coordinator

Centre – School of Public Health and Health Management, Belgrade, Serbia

On behalf of our team at the School of Public Health and Management (SPHM) in Belgrade I would like to express our appreciation of the consultants' work. It was not the first time that we had the opportunity to meet and discuss with the most experienced public health experts in Europe as we have had already some years ago the pleasure to receive experts from ASPHER, who helped us very much in our early development phase at that time. Also now the opportunity to discuss the present perspectives was perceived as a unique chance, especially as Serbia moves now towards EU accession. In this context the SPHM gained, as the only academic institution of its kind in Serbia, considerable visibility and increased responsibility in order to help determine the best ways of adopting the Aquis in the area of Public Health (re: the mandate for public health of the European Commission according to the treaty of Maastricht, Amsterdam and Lisbon). The recommendations of the visiting team in the final report are well accepted and will support us in making the next steps successfully. We already implemented some of them in our Master of Public Health in English, which is now prepared and submitted for national accreditation. Our next dream is to go for APHEA accreditation. Vesna Bjegovic-Mikanovic, Vice Dean.

Arkhangelsk International School of Public Health (ISPHA)

"We at The International School of Public Health in Arkhangelsk thank the international ASPHER team for peer evaluation of the school and for valuable comments on how to improve our performance. Most of the comments were expected, particularly regarding the transitional phase of the school. However, it is very useful to have these comments written by the international team when we shall have the next round of negotiations of the status of the school with the leaders of the university. Moreover, several ideas were new and we have already started to explore these new opportunities. Having international peer evaluation

may help other schools to look at [their] own routines from a different angle and to see things that are not seen otherwise." Andrej Grjibovski, Director.

Conclusions

The on-site reviews strove to combine the criteria from the European accreditation systems with the process of the older PEER review. The ambition was to be able to offer schools a quality improvement mechanism which would use the accreditation standards as a framework. This was an interesting exercise as such a tool was not previously available. To generate this tool, the accreditation standards and checkpoints were taken and integrated with the questions asked within the PEER review and also other accreditation systems. This provided lines of enquiry for the reviewers which would systematically lead them through the different criteria to conclusions in the form of practicable recommendations. This was very different to the accreditation system which draws conclusions based on whether the schools have or have not specific systems in place.

The reviewed schools had been chosen at the beginning of the project and represented differences in both age and geo-political position. The ambition initially was to choose the schools based on the results of the quantitative survey and as such there perhaps would have been more of regional distinction between the schools rather than on the variables of age or geopolitics. However, the funder requirements stipulated very clearly that the schools had to be chosen during the application stage for finance and hence, without the regional knowledge of differences, schools had to be chosen upon some criteria. The three schools chosen were from Granada, Spain as this school represented an older EU member. The second school was in Belgrade, Serbia, a country developing out of a non-Russian socialist model and aspiring to EU accession. Finally, a school in Arkhangelsk, Russia was chosen due the historical influence of the country over many other countries which still permeates today.

One of the concerns with the quantitative data was that the results of compliance and need did not provide an appreciation of the situations from which they came. The reviews, on the other hand, could provide a very detailed understanding of the school and the mechanisms as well as the people involved. There were several areas that were deemed important and

in the main these were highlighted in the majority of cases. However there were individual aspects which were also investigated and reproduced in the section above.

During the early 1990s the debate focused upon the institutional positioning of schools of public health. The recommendations put forward were that schools should be stand-alone entities but it is conceivable that these arguments were developed at a time in which public health education was seeking to establish and distinguish itself outside of the classical medical approach. The findings of the qualitative research bucked this notion by acknowledging the supportive role of medical faculties and universities. This support was given extra prominence in a time of economic restraint. In both cases, in which the schools were supported by medical institutions, there existed multidisciplinary admissions and fully comprehensive modern curricula which would indicate that educatively, public health is not constrained in these situations by a medical view.

All of the schools reviewed had some form of internationalisation in that they had students from around the world. Language played a major part in both the present and anticipated activity of these schools with Spanish, English and Russian being the languages of choice. Two of the schools were mother tongue Spanish and Russian speakers and the third had a faculty with an extremely high proficiency in English. Having larger pools of potential students was seen as important to the continued sustainability of the programmes. During this and the previous developmental programme it was seen how many countries sought to implement English language-based courses to improve their international marketing especially as a gateway to Europe. Throughout this project the Russian language seemed to be on the ascendance with several schools in different parts of the project, indicating their adoption of Russian language courses.

Communication and marketing strategies were reviewed in all three schools. In one school there was a dedicated team for communication and marketing which demonstrated very successful strategies to the extent that this department may be able to offer advice for other schools. In the other two schools communication was seen as fundamental area of development. In one it was recommended to integrate communication strategies with use of alumni data and involvement and in the final school's marketing centred around understanding and responding to the needs of the local market and workforce. In many

ways marketing was seen as part of an overall strategic planning of the schools, which was also raised both within the quantitative surveys and the workshop.

The integration and utilisation of alumni feedback was a common theme during the reviews as too was feedback from wider stakeholders. Schools were shown to rely very heavily on their present cohort of students for quality management and the advice was always to expand this area to both alumni and stakeholders with the ambition that the feedback could be used holistically throughout the school. The issue of competences was raised in this domain in that both alumni and stakeholders should be questioned on their need for competences, which should include non-discipline specific areas such as transversal or "soft" competences, for example communication skills or problem-solving. Alumni data was also seen as a useful way for schools to understand the career prospects for their students which could be integrated both in career counselling and marketing, and these areas were reflected during the quantitative needs research of the project as well as the workshop. Generating data from alumni career paths and salaries could not only help with the internal marketing of the school but they provide sound evidence on which to develop policy at a national level. It was shown earlier in the book that an ASPHER member school's workforce survey had identified a low level of public health training in their workforce. Understanding the career paths of students throughout the EHEA may substantiate calls for public health education as a prerequisite for public health posts. Moreover, the evidence from the Russian site visit demonstrated that the Ministry of Labour had not yet assigned job positions to holders of an MPH award and there would be a potential for such research to help steer the Russian ministries. Connected with expanding the focus of feedback outside of the present cohorts, the site reviews also stressed the integration and feedback from the faculty with a view to aid their continuing professional development.

Finally, it was also noted how all of the schools had raised the modern economic "crisis" and how this was affecting them in terms of present operations and future aspirations. One area that was seen to address this through economies of scale was the use of collaborative and collective online resources. In all of the schools online resources were available through larger collaborative entities at national, regional and University level. These were seen as good opportunities for the schools to reduce their expenditure although questions were raised as to the flexibility of these resources in accommodating the academic needs of the students, faculty and schools.

QUALITATIVE SITE VISIT
CASE STUDIES



ASPHER



EACEA
Education, Audiovisual & Culture
Executive Agency

Public health Education Reform For Equity in Quality of Training: "PERFEQT"

Project co-funded by the Lifelong Learning Programme

CASE STUDY 1

MASTER OF PUBLIC HEALTH & HEALTH MANAGEMENT

ASPHER Site Visit Report

17th to 19th April 2013

Julien Goodman
Franco Cavallo
Ramune Kalediene



Escuela Andaluza de Salud Pública
CONSEJERÍA DE SALUD

Please note: The information and views set out in this report are those of the author(s) and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.

The visiting team would like to thank all those at the school for a most pleasant and open visit. We have really appreciated the hard work put in organising this visit as well as time given up by many people for the meetings.

Principal objectives of qualitative site visit:

1. To understand any areas of the school needs collegial assistance with
2. To understand the willingness to undergo accreditation and what areas to focus upon
3. To understand the motivation for undertaking, or alternatively, not undertaking accreditation
4. To understand ways in which your school could help other schools.

To restate, this visit was not an accreditation visit but should be seen more as a quality enhancement towards meeting accreditation. Recommendations were made based on information deriving from the interviews conducted during this visit.

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Overall feedback

Criterion I: Governance and Organisation of the Programme

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Organised and coordinated well. • A good international example of inter-professional training by integrating the first year of specialty training for doctors and other health professionals • The school is in healthy position due to the strong demand of the local health system • Marketing and presentation of the school and programme was very well done with a good team behind 	<ul style="list-style-type: none"> • Cannot comment on governance levels as unobserved • There is no evidence of how faculty and students are formally involved in the management of the programme • Potential to increase formalisation of the structures to improve transparency

Criterion II: aims and objectives of the public health programme

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • School established 28 years ago to drive the new regional health system and as a result has a very healthy position within that system • The aims and objectives of the programme are broadcast through presentations at the beginning of the modules, the Virtual campus and the distribution of a CD • The orientation of the school ensures that staff work within research and consultancy and are constantly updating their experience and knowledge 	<ul style="list-style-type: none"> • School is progressive and focuses well on new public health principles but attention should also be given to older or more traditional disciplines such as communicable disease, occupational and environmental health • From the interviews conducted stakeholders had good relationships with the school, the most important being the local regional Health Authority which, through the commission, had a very formalised structure

Criterion III: The Curriculum

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • School has a good variety of teaching methods • Development of the programme is based on the expertise of trainers and the local needs and feedback of students • The programme takes advantage of an international student body 	<ul style="list-style-type: none"> • There is no evidence of an overriding strategy or formal policy from a didactic point of view • We would encourage further emphasis on the development and assessment of competences in addition to knowledge and practical skills • The integration of problem orientated learning could be considered • We would support the possibility to introduce a part-time programme • Care should be taken that when different trainers teach the same module there should be continuity and coherence • If the School wishes to integrate and use open source and new software, more possibilities should be made available to the students for deeper understanding

Criterion IV: Students and Graduates

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • School has a good system of following and checking the students progress throughout the programme • Students highly appreciated the ability to talk to staff on an informal and friendly basis • The diversity of student backgrounds is seen as highly positive 	<ul style="list-style-type: none"> • The school should consider collecting greater amounts of information on the student careers following their studies • The student background diversity also poses challenges in equalising or balancing understanding at the beginning of the course, for example, the school could consider the introduction of an extracurricular foundation module

Criterion V: Human Resources and Staffing

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • The school has an impressive range of internal and external staff • There is an highly effective and integrated administrative staff who are aware and extensively involved in the activities of school • According to teachers' opinion the workload between training, research and consultancy is well balanced 	<ul style="list-style-type: none"> • Based on observations, the school does not have formalised policies or structures for faculty development and therefore we would advise to focus on this area

Criterion VI: Supportive Services, Budgeting and Facilities

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Good facilities throughout the school for both staff and students • The school's Virtual campus is impressive and potentially something of value to other schools 	<ul style="list-style-type: none"> • There are issues with the library and electronic access but we are aware that these are being worked upon • Library opening times are at present restrictive but are dependent on the previous comment

Criterion VII: Internal Quality Management

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Student involvement in the quality management system at the school was impressive and thorough 	<ul style="list-style-type: none"> • A more formalised faculty and stakeholder involvement and system of assessment should be focused upon. • School might want to consider the generation of a quality management committee consisting of faculty, students and stakeholders

Turning the tables

What areas would you like to see ASPHER and its constituent members be of assistance or help to you and your school?

What areas do you feel your school could be of assistance to other schools?

Feedback session introduction

The team would like to thank everybody at the school and the staff and students for a very warm reception. We would also like to give special thanks to both Alberto Fernandez Ajuria and Victor 'De Haro Lopez. During the meetings the team went through four principal reasons for these visits:

1. To understand any areas of the school needs collegial assistance with;
2. To understand the willingness to undergo accreditation and what areas to focus upon;
3. To understand the motivation for undertaking, or alternatively, not undertaking accreditation;
4. To understand ways in which your school could help other schools.

The reviews at the schools are not accreditation processes and when recommendations are made they are based on information received within the site visit. During the accreditation process there is a large self assessment documentation which is supplemented and complemented by meetings on site.

The seven criteria contained within the framework of accreditation look schools in terms of strengths and comments but during these visits the teams would also like to recommend actual activity. There is a reason for this, because the recommendations will be used as part of the workshop and from other schools to consider and hence why the team have felt obligated to push towards making recommendations.

Criterion I: Governance and Organisation of the Programme

Strengths

The team felt that the programme and the school was organised and coordinated very well and this was impressive. The school is very particular in a sense, in the way that it integrates both Europubhealth and also the first year of the School of Specialty in Public health for medical doctors; the visiting team felt that this was both very interesting and a good example for other Schools.

The team felt that the school's relationship with the health system post 85 and 86 was a very healthy one; when the team had spoken to the stakeholders in the health system it was evident that they have a good relationship with the stakeholders in that environment.

The marketing presentation of the school was outstanding. The team would like to applaud this area and it was a good learning experience for the team as well.

Comments and recommendations

The team couldn't comment on the governance levels as these remained, for the most part, unobserved. The team didn't have chance to observe these during the meeting so that team wouldn't like to forward any observations and recommendations based on these.

From the observations, the team felt that the faculty and students were not particularly involved in the formal structures of the management of the programme. The team had met the commission and observed that, in certain areas throughout the programme, people's

feedback was sought, but the team didn't find evidence of a formalised structure for faculty, students and stakeholders to be involved in the global coordination and global view of the programme. In this respect one of the recommendations would be to formalise that structure, to help with transparency, so people can see where decisions have been made, by whom and why.

Criterion II: aims and objectives of the public health programme

Strengths

The school was established 28 years ago which has given the school a really good position in the health system. The team felt that the aims and objectives of the programme were very well-publicised, with the aims being distributed at the beginning of the module, provided through the virtual campus and also being issued on a CD. The team understood that the arguments against using paper-based sources such as handbooks are very sound.

Comments and recommendations

One of the parts of the individual nature of the school is the way that the staff work within research and consultancy. Generally, Schools of Public Health can be very academically focused and research and consultancy are side issues to education. So the team felt that the school in Andalusia was also working outside of academia, which was very much appreciated, especially as it meant that the education being offered was pertinent and up-to-date.

The team also felt that because the school was striving for new and progressive methods in new public health, some of the more older or traditional focuses of public health, i.e. with regard to environmental and occupational health and communicable disease, didn't have a major focus. The team felt that this situation should be compensated with some focus also on these issues.

The team felt that the use of the stakeholders, especially from the local regional health authority, and the formalised structure of the commission's involvement in the school was excellent.

Criterion III: The Curriculum

Strengths

The team felt that the school has a good variety and combination of learning and teaching methods and learned that group work was especially appreciated at the school. The team also noted that the programme was based on the experiences and knowledge of the teaching faculty and it also took advantage of the international student body.

The team however didn't get the sense, or see the evidence, of an overriding strategy or formalised policies for the didactic processes used within the school.

Comments and recommendations

The team would encourage the development and assessment of competences, transversal and functional competences, rather than just knowledge. Therefore, the training and assessment methods could be revised in the light of a more modern approach, oriented

towards competence development and problem-oriented learning in all stages of the training process.

The team would also support the expansion of the programme to a part-time basis.

The team found that from the evidence deriving from the meetings with the students, there was sometimes a sense of slight overlap within modules and therefore the team would recommend that care be taken when the school have changes in lecturers within modules; more focus on coordination should be placed, so that there is not too much blurring of the lines within the modules.

The team learnt how the school had been using open source software and they appreciated the reasons for that. The team thought though, that if the school was going to introduce open source and new software they should consider a greater level of training in those software, so that students could feel more confident in using them during the lifetime of the course.

Criterion IV: Students and Graduates

Strengths

The team understood that the school has a really good way of checking the students' progress throughout the course and really appreciated the way that the students could relate the staff here, both administratively and personally. There is an open door philosophy

at the school with very friendly and approachable staff for the students and this was very much appreciated by the team.

The diversity of the students was also noted and appreciated and in the team's view adds to the experience of the students, which is above most schools.

Comments and recommendations

The team felt that perhaps the school could look at getting more information on careers and alumni careers with regard to potential career paths.

The students backgrounds was felt to pose a problem because the school had different backgrounds by discipline and geography but also based on their level of learning. The team would like the school to consider having some form of extracurricular foundation course so that the students education can be balanced at the beginning of the course. The team is aware that the school offers a very intensive curriculum, which may not have the possibility to include a foundation module, and hence the suggestion of an "extracurricular" part which could be in addition to the credit bearing modules. The team realise the difficulty involved in undertaking extracurricular activities with regard to staffing and resources but invites the School to address the problem.

Criterion V: Human Resources and Staffing

Strengths

The school resources, in terms of internal and external staff, were found to be quite impressive.

The administrative staff was great and the team noted that members of the finance staff are also involved in teaching.

There were no strict separation lines between academic and administrative staff at the school, which can appear in some organisations, and this meant that there was a lot of blending of the experiences coming from the two sectors.

The team felt that the research training and the service functions were well integrated within the teachers profile and workload.

Comments and recommendations

The team did note the lack of formalised policies for faculty development. The reviewers heard about the possibilities for the faculty to go abroad for training and collaborative work. However, the team didn't get the sense of a formalised faculty development policy or process, which should be considered by the school.

Criterion VI: Supportive Services, Budgeting and Facilities

Strengths

The school was found to have great facilities.

The virtual campus was seen as excellent.

Comments and recommendations

The review team were aware that there are issues concerning the student's ability to procure international online journals but were aware that a remedy for this was in process, as well as workarounds available for students to use.

Criterion VII: Internal Quality Management

Strengths

There was a very good concentration of quality management processes focused on the students and the team had noticed that there is a process of using computer applications to look at and examine the student feedback. Where the team didn't see this happening too much was for both stakeholders and faculty, and hence they recommended that the school try to bring faculty and stakeholders into a more formalised structure of quality management.

Comments and recommendations

The team noticed that a lot of issues in quality management were going through the programme coordinator in a very informal nature, which was deemed as nice and also reflective of the earlier comments made with regard to the student appreciation for the friendliness of staff. However, the team felt that the school may wish to introduce a quality management committee consisting of faculty, students and stakeholders which, in turn, would be perhaps more transparent.

Appendix A: First Visit Timetable

Day 0.

Arrival of team

Day 1.

Date/time	Criteria	Description / Participants
8.30 am		Pick-up from hotel
09.00 - 09.30		Briefing – Board of Directors
09.30 - 10.30	6	School Tour/ Facilities: Library and others
10.30 - 13.30	1, 2, 3, 5, 6, 7	Programme co-ordinator / group Librarian and computer staff (including tour of facilities)
13.30 - 14.30		Lunch
13.30 – 15,00	1, 2, 3, 4, 5, 7	Librarian and computer staff (including tour of facilities) (part I) Stakeholders
17.30		Return to Hotel
Evening		Social Event

Day 2.

Date/time	Criteria	Description / Participants
8.30 am		Pick-up from hotel
09.00 – 10.30	1, 2, 3, 5, 7	Marketing, Administrative staff, Budgeting (Facilities and staff part II)
11:00 - 13.00	1, 2, 3, 5, 7	Faculty (excluding professors in governance)
13.00 - 14.00		Lunch
14.00 - 15.30	1, 2, 3, 4, 6, 7	Students (including student representatives in governance)
15.00 - 17.00		Stakeholders or/and pending issues
17.00		Return to Hotel

Day 3.

Date/time	Criteria	Description / Participants
09.00 – 12:00		Working session experts
12:00		Pick-up from hotel
12.30 – 14,30		Feedback Session to all participants
14;30 -15:30		Lunch and Return to hotel

Appendix B: Turning the tables

During the feedback session several areas were spoken about in which the school was asked to think about areas in which they could receive support from an association such as ASPHER but also where their knowledge and skills might be of use to other schools.

The following areas were discussed during the feedback session and are available:

Mentoring: one issue concerns the flexibility of a curriculum and how to deal with different student backgrounds of the students coming in. So this is an area in which there is a lot of experience from schools which could be placed as part of a mentoring capacity.

Strategic planning and teaching: There are a number of schools in the ASPHER network which have the strengths of specific tools, such as, Maastricht experience in problem-based learning.

ASPHER could help us to develop these areas around the execution of student plans and the strategic plan.

Sharing experience: ASPHER has a key role around this area in public health education, for example, and EASP could exchange experience and innovations in teaching methods.

Communications: ASPHER could help us create a page where we could gather employment for the master students, once they finished, which could add value to the master.

It was noted that there is a discussion in different countries about who has to perform this career observation; is it for the University or the school, or it is a system for the Ministry of health or health system? Perhaps it is best as a combined effort. In some countries schools are now about to establish a system with a register of graduates, which includes employment agencies, such as the Ministry of health, which can help to estimate how many people work for the system and how many are out of the system. There was agreement that that this activity should be added to ASPHER as some form of activity.

Database of course units : ASPHER could take advantage of their webpage in order to generate a kind of database of course units which are relevant to health professionals in Europe. It would also provide an opportunity to share virtually the curriculum contents and

the identification of the best names in the field. For example, in EASP there are no professors related to European health policy which could be supplemented by external expertise.

However it was noted that often schools don't know who is the best in each individual area and often these come from personal relations, so it is essential in any coming project, and generally in ASPHER activities, to develop a pool of best courses modules that we can accept.

pedagogic policies: having some form of examples of these for schools to repeat for their own circumstances.



ASPHER



Education and Culture DG



Public health Education Reform For Equity in Quality of Training: "PERFEQT"

Project co-funded by the Lifelong Learning Programme

CASE STUDY 2

MASTER OF PUBLIC HEALTH

ASPHER Site Visit Report

9th to 11th May 2013

Julien Goodman

Jacqueline Müller-Nordhorn

Tom Kuiper



UNIVERSITY OF BELGRADE,
FACULTY OF MEDICINE



Centre – School of Public Health
and Health Management

Please note: The information and views set out in this report are those of the author(s) and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.

The visiting team would like to thank all those at the school for a most pleasant and open visit. We have really appreciated the hard work put in organising this visit as well as time given up by many people for the meetings.

Principal objectives of qualitative site visit:

5. To understand any areas of the school needs collegial assistance with
6. To understand the willingness to undergo accreditation and what areas to focus upon
7. To understand ways in which your school could help other schools.

To restate, this visit was not an accreditation visit but should be seen more as a quality enhancement towards meeting accreditation. Recommendations were made based on information deriving from the interviews conducted during this visit.

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Overall feedback

Criterion I: governance and organisation of the programme

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Supportive relationship within the medical faculty and stakeholder community • When the advisory board is operational it will be of great value to the school • The programme has the potential to become a regional leader 	<ul style="list-style-type: none"> • Normally we would recommend autonomous structures. However until the school achieves a financial position and autonomy through for example extra students, we would recommend maintaining the present system within the Faculty of Medicine. • Most members of the advisory board are alumni. Care should be taken to ensure critical thinking within • The English programme could be instrumental regionally • Consideration should be given to freeing up faculty responsibilities in order that they can pursue a more regional role for the programme

Criterion II: aims and objectives of the public health programme

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • The outside world perceives students of the school as “change agents” and as such these agents require “soft” or transversal skills 	<ul style="list-style-type: none"> • These are in the curriculum but should be made more explicit and systematically integrated with the curriculum

Criterion III: the curriculum

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Programme content seems to represent modern public health and reflects multi-disciplinary approach to public health • The curriculum is adaptable and open to change for example integrating modules or electives such as women’s health • There is a well thought out system of assessment for each module (40, 30, 20, 10) 	<ul style="list-style-type: none"> • Elective modules could be considered for integration with other master courses for efficiency and to free up faculty time • The distribution of credits two years with 55 credits for the first year and five credits for the second year is unbalanced: <ul style="list-style-type: none"> ○ if it is part-time that should be 30 ECTS per year ○ the thesis does not carry enough credit rating • There is no formal policy for appeal mechanisms for assessments by students

Criterion IV: students and graduates

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Programme is able to accept multidisciplinary admissions and student backgrounds • high level of experience in student body • graduates achieving high positions in health system 	<ul style="list-style-type: none"> • There is no systematic collection of alumni data for example career paths and training pertinence • investigate student self-study time usage • utilise alumni for marketing and recruiting students

Criterion V: human resources and staffing

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Devotion of staff to make the MPH a success • Staff at multidisciplinary being drawn from various academic units within the system • There is a healthy input of practitioners teaching on the course • Faculty involved in education, research and service activities 	<ul style="list-style-type: none"> • Service activities appears to be project based rather than institutionally based • Consider policy for educational pedagogical staff development

Criterion VI: supportive services, budgeting and facilities

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • The KoBSON system provides students with a good online access to international journals • The school has an in-house publication service which makes publications available for staff and students • Ability to translate contemporary text simultaneously with international publishers • Part of the medical faculty the school is safeguarded through economies of scale 	<ul style="list-style-type: none"> • The team did not have the possibility to fully observe the services and facilities offered by the Centre School of Public Health but students had expressed their satisfaction with the rooms, and the library and online journal support • The team noted the difficulties related to securing a minimum number of students each year and suggested focusing on marketing and recruitment of prospective student admissions to give greater security to the programme as a first step

Criterion VII: internal quality management

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Students assess each module with the results fed through formalised structure 	<ul style="list-style-type: none"> • QMS is heavily student focused and school should consider inputs from stakeholders and faculty

Criterion I: Governance and Organisation of the Programme

Strengths

The team recognised that the school has a very good relationship with all of the stakeholders in the region and observed that alumni of the school were very friendly, open and supportive of the programme. The school does have the support of the Dean which is seen as valuable especially as the school sits within the Medical Faculty. This situation was seen as quite unique.

The team were told that the advisory board would become operational in a few weeks and was thought to be of great value to the school as it houses many different stakeholders including the Ministry of Health, the health insurance companies, visiting professors and other professors from internationally recognized schools. This will certainly be a great asset to the programme.

The team thinks that the programme in Belgrade has the potential to become a regional leader. What the school already has in place can be further added to the new English taught programme. At the moment the process is open to prepare and submit the MPH in English for national accreditation. There is clearly a potential here that is not visible in the other countries.

Comments and recommendations

The full support of the Dean is seen as a clear plus by the team. Often there is a question as to whether Schools of Public Health should be autonomous or should be part of a medical faculty. To the team, given the support from the medical faculty it would not be worth pursuing autonomy and therefore the team suggested to retain the current situation. There would be perhaps some issues to discuss, for example, tuition fees or part of the tuition fees to be at the disposal of the school. This would provide a certain element of freedom in planning if finances were available.

The advisory board was found to be very friendly and based heavily on alumni. However, such a closeness can also be a negative factor as they can be 'too much of friends' and there can be a potential for only positive feedback. Therefore some critical voices may be sought or considered. The School intends to include international members to take position in the Advisory Board.

The team would encourage the school to continue on the road towards its English taught programme. To achieve the regional role, the school would require extra manpower, particularly dealing with IT. To advance the school based only on the existing staffing would be very difficult. The team recommended that the school would try to search for a way to have one person or a team to plan the regional role of the school (see appendix B).

Criterion II: aims and objectives of the public health programme

Strengths

As previously stated, the team had not received any in-depth information about the contents of the modules, the level of the masters thesis, etc. During the discussions with the stakeholders and staff members it was clear that, despite the fact that public health is not recognised - more or less - on the labour market, the outside world perceives the school's students as change agents. When the outside world reviews the school's alumni as change agents that this is a very good situation for the school to be in.

Comments and recommendations

However, if one reviews the curriculum at the school and when someone wishes to be a change agent, there is a need for transversal skills. The focus cannot be only on individual curricular criteria such as health economics, health management, statistics. The team found elements of transversal skills within the curriculum such as negotiating, discussing, making presentations, decision-making, or groupwork.

The recommendations therefore would be to formulate the transversal skills more explicit in the overall learning objectives, either in a parallel skills-track or strand throughout the curriculum, or to include them more visibly into the different modules. The team is aware of the challenges of how to assess transversal skills, however there are examples of how to assess transversal skills on the internet and / or to borrow experiences from other schools.

Criterion III: The Curriculum

Strengths

The team did not have an in-depth possibility to review the curriculum. However what was perceived within the materials and through discussions was that the curriculum seemed to represent modern public health. This was reflected in the interdisciplinary approach to public health and perceived as a strength and added value by the team.

Furthermore the curriculum as such is adaptable to changes in the environment, for example, one of the colleagues had added an elective on women's health to the current curriculum offering. As such, the team felt that the curriculum was adaptable to the environment. The team noted that this was within the 10% degrees of freedom to change which was allowed the course by the national accreditation system. One cycle of accreditation is valid for 5 years. For the visiting team it was felt of benefit that the programme committee was able to include different modules and delete modules when they became outdated.

The team understood that students had about 14 electives and that, in the end, only three of the 14 were offered to the students. The team understood that the school was unable to give 14 electives from a financial and staffing viewpoint and considered the current policy to be very sound.

Comments and recommendations

The team had noted that there are other master programmes available at the school such as health management. The school could consider striving in the future to combine the elective periods of these master programmes. It would then offer, as a Master of Public Health, for example, three elective modules. In addition, more modules could be provided by the other programmes. This would allow for more efficient use of both staff and facilities.

Regarding public health specialists, by nature, the school works with all kinds of disciplines and they require some common knowledge and understanding of each other. When the school is bringing together students during the elective period from different programmes then the school, will already allow students to approach and encounter different specialties and disciplines.

The total programme is 60 ECTS. The distribution of the credits is that there are 55 credits on education and mandatory electives in the first year and usually 5 credits associated with the thesis is transferred to the second year. Sixty 60 ECTS is 'normally' attributed to a fulltime programme. However, as most of the students have a job aside from studying, 30 ECTS is more appropriate, being a part-time programme. The team were unable to check whether students really put 60 EC next to their work into the programme.

The team perceived that this was rather imbalanced and thought that perhaps that as most of the students were working it should be a part-time basis with the maximum credits pursued in any one year being 30 so that the school would pursue a balance of 30 ECTS in

the first year and 30 ECTS is in the second year. The thesis in the second year is five ECTS. Although the team was unable to go through the thesis work it thought that five credits was perhaps rather limited for a master thesis. The team understood that perhaps there were formal and legal constraints and also from the market perspective that the distribution of ECTS could be considered for revision. (At this point the director of the school had made it clear that originally there had been a greater balance in the distribution of ECTS. However, the school had felt that they were operating at distinct disadvantage to the competition in Serbia where there are large amounts of privately accredited programmes such as in health management. Nevertheless, this is not the case for public health at the present but as soon as a public health new bylaw comes into force it is expected that there will be increased competition in the market especially for CPD modules and master training). It is recommended by team that internal bylaw should be changed to allow that thesis work is 10 to 15 ECTS points.

However the team felt that private providers would not be able to produce the quality in terms of the staffing and the multi discipline nature of the offering which is seen as the added value of the school. It is understood that the 55\5 ratio fits the local market but the perspective is when the school goes outside of the local environment then the school should consider the 30\30 split which would take place with roughly 20 hours of contact-time and self-study hours per week for a part time study. The team suggested that when the school operated in English, the elective period be scheduled together with the Serbian programme electives so that these could be potentially mixed together in order that the Serbian students could be exposed to the English teaching.

The team noted that for students there was no formal assessment appeal mechanism or policy in place. For example when the student is not content with the results of the test they are going to the module coordinator to discuss the results. . The team noted that, it appeared, in most cases this was satisfactory. However the school should strive for formalization. The recommendation would be to consider a 'light' policy for what the school does when the students are not satisfied with the outcomes of an assessment.

Criterion IV: Students and Graduates

Strengths

The review team appreciated and highly commended the multidisciplinary nature of the school's admissions. The position within the medical faculty is very constructive and demonstrates how supported the school is within the structure.

The team found that there is a high level of experience within student body and the team also heard examples of how the education helped the career progress of students. For example, the team were informed about two former students becoming directors of the state health-insurance.

Comments and recommendations

The team had not witnessed the systematic collection of alumni data concerning the career paths or pertinence of training within performance. (It was also noted that the school had undertaken a previous workforce performance survey as part of a larger European survey).

The team did not want to explicitly recommend an alumni association, although it was suggested that the school should use the alumni in marketing, recruiting and teaching.

The team had also been informed that some of the lecturers were not happy with the amount of reading that the students were undertaking. The team felt that this was a common area and the suggestion was that the school undertook some form of survey to collect data of how many hours students devote to self-study. This is not necessarily a formal survey but could be an informal survey by taking a representation from the student body and having a chat with them before and after the module. The team noted that they had asked the students during the interviews and had been informed that they were reading but the team could not gain an impression as to whether the students were overloaded with their reading or not. For example, in another school where the lecturers felt that the students were not doing enough, some students were selected and asked to keep a sort of "Student's Daily Dairy" for time spent in individual work for the duration of the module indicating their self-study time. They were then analysed and used in steering the quantity and quality of future readings.

Criterion V: Human Resources and Staffing

Strengths

The team realised, especially in speaking to faculty members and stakeholders, that there is a large devotion of the staff to making the MPH a success. The staff were from different departments, disciplines which makes it a real interdisciplinary programme and

demonstrated a personal enthusiasm for teaching. The team also noted and liked the input from practitioners, for example, from the Ministry of Health and health insurance in the programme. Moreover the team appreciated the focus on education, research and service activities which covered all three areas of public health within a faculty of Public Health Department.

Comments and recommendations

There were two suggestions and recommendations under this criterion. Firstly, the service activities seemed to be based on projects and on personal contacts or expertise. Therefore the team recommended that the school could think about institutionalising services for the health sector such as health policy or other areas away from people to the institution.

The second area concerns the school which has a lot of enthusiastic staff who use a range of teaching methods. However, these seemed to depend very much on personal enthusiasm, for example, some might use case studies where as others might use different techniques. So the school might consider integrating an educational policy including learning methods in different sections to act more as a framework. This could be used as a PR instrument by demonstrating all the elements which are apparent within the school. In addition it would demonstrate the school's overreaching or overarching philosophy which would be very unique in the region.

Criterion VI: Supportive Services, Budgeting and Facilities

Strengths

The team felt that the KoBSON system of centralised online journal resources was very useful and a good economies of scale and gave sufficient access to international journals for the students. (The KoBSON system is a centralised library consortium consisting of different departments for the coordinated acquisition of online journals and subscriptions)

The publishing house demonstrated to the team was deemed excellent and provided publication for both staff and students. Regarding the dictionary which was demonstrated to team, the ability to simultaneously translate publications as they come out in their native language was seen as excellent. The team felt that being part of the faculty of medicine some basic elements of the school are safeguarded housing, facilities et cetera.

Comments and recommendations

During the visit the team were preoccupied with meetings and didn't have sufficient time to visit all of the facilities. With regard to teaching space, online journals and books, the students were questioned and for teaching space one student mentioned they were small whereas another said that there was sufficient, as such, these were seen to balance their points out. With online journals and books the students indicated that they were sufficiently content with the resources.

The team understood and witnessed the difficulties in securing a minimum number of students and were aware of the difficulties associated. The team suggested to the school that they may want to consider focusing on marketing and communication to give them

greater security by increasing the perspective admissions. This was not to give a firm example of how the school should proceed but rather to acknowledge the difficulties that the school faces in admitting sufficient numbers of quality students.

Criterion VII: Internal Quality Management

Strengths

The team noted that a strength for the school was the evaluation of students after each module and that the results are fed through a formalised structure and eventually coming to the Programme Council for discussion and alterations being made to the next year.

Recommendations

However the team did note that the evaluation was heavily student focused with students ranking faculty and providing information. The school could consider further inputs from stakeholders and especially faculty. The faculty should have the possibility to review the evaluation by the students and comment on them. For example, when a staff member is introducing a new pedagogy, such as problem based learning, students by nature are sitting back and they will evaluate the unit as very low but this could impede innovation. So the team felt that the staff member should have the possibility of reviewing and reading the comments and the outcomes of the evaluation so that they have possibility to defend themselves if required. In this example, the trainer could highlight that the introduction of new methodology of teaching was the underlying reason for discontent. Therefore it is suggested that the teachers are heard before the students' evaluations are discussed within

the Programme Council. The school should consider ways in which to make a sound analysis based on the small numbers of faculty for example, without additional red tape processing as the bottom line will be to improve the quality of the programme. The school should consider and look at other systems from other schools and choose the most applicable for themselves rather than having to invent a new system.

Additionally, the team recommends beside the existing system of module evaluations to implement an overarching programme evaluation. For example via student focus groups discussions at the end of studies.

Appendix A: First Visit Timetable

1st day: May 09, 2013

Date/time	Criteria	Description	person A	person B	person C	Location
08.45 am		Pick-up from the hotel Slavija Lux				
09.00-09.30		Briefing	V. Bjegovic-Mikanovic, Vice-Dean	D. Vukovic, Head of CSPHM		Dean's Building, Vice-Dean office (Dr Subotica 8)
09.30-11.00	1,2,7	Dean, Vice-Dean, Head of SPH and Stakeholders	N. Lalic, Dean	Stakeholders		Dean's Building, Small Hall (Dr Subotica 8)
11.15 - 11.45	6	Librarian (including facilities), CIBID - Centre for Publishing, Library and Information Services	D. Pantelic, Head of CIBID	J. Pekovic, librarian	V. Torbica, A. Mandic, librarians	Library (CIBID) (Pasterova 2)
12.00 - 12.30	6	Computer staff (including facilities) - Center for Information and Communication Technologies	N. Kocev, Coordinator of CICT	M. Petrovic, System Operator		CSPHM (Pasterova 2, 1st and 2nd floor), CICT (Dr Subotica 15)
13.00 - 13.30		Lunch				
13.30 - 15.00	1, 2, 3, 5, 6, 7	Head of CSPHM and Program co-ordinator	D. Vukovic, Head of CSPHM	B. Buljugic, CSPHM Coordinator	D. Stefanovic, CSPHM Coordinator	Dean's Building, CQAI (Dr Subotica 8, 2nd floor)
15.15 - 17.30	1,2,3,5,7	Faculty (including faculty reps in governance)	V. Bjegovic-Mikanovic, Vice-Dean	Module coordinators (in total 10) and other faculties	M. Bajcetic, Blended learning coordinator	Institute of SM, Meeting Room (Dr Subotica 15, 1st floor)
17.30		Return to Hotel				

2nd day: May 10, 2013

Date/time	Criteria	Description	person A	person B	person C	Location
8.45 am		Pick-up from the hotel Slavija Lux				
09.00 - 10.00	1,2,3,4,5,7	Delegation of the European Union to the Republic of Serbia, Programming and Coordination Manager - Operations	M. Vuckovic-Krcmar	V. Bjegovic-Mikanovic, Vice-Dean		Dean's Building, Vice-Dean office (Dr Subotica 8)
10.30-12.00	1,2,3,5,7	Faculty (including faculty reps in governance), continuation	B. Matejic	M. Santric-Milicevic	Faculties	Institute of SM, Meeting Room (Dr Subotica 15, 1st floor)
12.00 - 13.00		Lunch				
13.00 - 14.30	1,2,3,4,5,7	Program Council of CSPHM	D. Vukovic, Head of CSPHM	Members of Programme Council	B. Buljugic, CSPHM Coordinator	Dean's Office, Small Hall (Dr Subotica 8)
14.45 - 15.15		Web master of CSPHM	I. Kocev			CSPHM (Pasterova 2, 2nd floor)
15.15 - 16.30		Students' representatives	S. Maricic	D. Nikolic		CSPHM (Pasterova 2, 2nd floor)
16.30 - 18.00		Students (including student reps in governance)	Students in classroom			CSPHM (Pasterova 2, 2nd floor)
18.00		Return to Hotel				

3rd day: May 11, 2013

Date/time	Criteria	Description	person A	person B	person C	Location
09.00-12.00		Working session experts				Institute of SM, Meeting Room (Dr Subotica 15, 1st floor)
12.00-13.30		Feedback Session	D. Vukovic, Head of CSPHM	V. Bjegovic-Mikanovic, Vice-Dean	Members of Programme Council	Institute of SM, Meeting Room (Dr Subotica 15, 1st floor)

Day 4. Departures



ASPHER



Education and Culture DG

EACEA
Education, Audiovisual & Culture
Executive Agency

Public health Education Reform For Equity in Quality of Training: "PERFEQT"

Project co-funded by the Lifelong Learning Programme

CASE STUDY 3

MASTER OF PUBLIC HEALTH

ASPHER Site Visit Report

28th June to 1st July 2013

Julien Goodman

Franco Cavallo

Ramune Kalediene



Arkhangelsk
International School
of Public Health

of the Northern State
Medical University

Please note: The information and views set out in this report are those of the author(s) and do not necessarily reflect the official opinion of the European Union. Neither the European Union institutions and bodies nor any person acting on their behalf may be held responsible for the use which may be made of the information contained therein.

The visiting team would like to thank all those at the school for a most pleasant and open visit. We have really appreciated the hard work put in organising this visit as well as time given up by many people for the meetings.

Principal objectives of qualitative site visit:

8. To understand any areas of the school needs collegial assistance with
9. To understand the willingness to undergo accreditation and what areas to focus upon
10. To understand ways in which your school could help other schools.

To restate, this visit was not an accreditation visit but should be seen more as a quality enhancement towards meeting accreditation. Recommendations were made based on information deriving from the interviews conducted during this visit.

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Overall feedback

Criterion I: Governance and Organisation of the Programme

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> Establishment of the school and the MPH training was part of project involving seven universities: Northern State Medical University, Arkhangelsk, Institute of Community Medicine of the University of Tromsø, Nordic School of Public Health, Umeå International School of Public Health, Mid-Sweden University, Tampere School of Public Health, National Institute of Public Health in Norway. 	<p>Strategy</p> <ul style="list-style-type: none"> School is in a transition phase at present and strategies for including university staff on the courses is understood even if this seems to be focussed more on research methods. Care should be taken to keep the programme on the “public health” track without deviating too much toward epidemiology or research methods. School should seek to develop a strategic plan shared and supported both internally within the school and university but also externally with other academic departments and stakeholders, such as the existing public health services within the health system. The school should look for some form of autonomy independently from existing international partners. <p>Organisation</p> <ul style="list-style-type: none"> Since the project has finished the school has to find a way to support itself by identifying its personal mission (i.e. being the ones introducing “New Public health” in Russia. Or trying to integrate existing public health structures with new aims and competencies. Or fighting for opening the public health domain to professionals others than those coming from the medical field) which was not apparent during the meetings. The school should strive for structural identity within the University structure and not just for a functional position within it. The leadership of the school should be deeply involved in the day-to-day life of the school and not just having a formal and bureaucratic involvement in it. <p>Marketing</p> <ul style="list-style-type: none"> The school requires new ways of recruiting Russian or Russian speaking students from other countries. The school has to try and identify and respond to the needs of the local market. The school should strive to develop a marketing strategy to disseminate information across the globe for collaboration and prospective students.

Criterion II: aims and objectives of the public health programme

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> Covers the main areas of internationally accepted public health. 	<ul style="list-style-type: none"> To have a clearer and flexible structure to allow for the delivery of elective courses to determine sub-specialities such as in health management or health economics or health promotion. Encourage and strengthen collaboration with other schools offering degrees in MPH or MBA.

Criterion III: The Curriculum

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> Trainers and students expressed that they are using a wide range of learning methods. Extensive syllabus for all the modules. 	<ul style="list-style-type: none"> Should look at offering the curriculum in parts, such as short courses in epidemiology, which may be certified independently from the overall Master. The curriculum should be renewed each year based on contemporary situation and a periodic assessment of needs carried out with the relevant stakeholders.

Criterion IV: Students and Graduates

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> The students met were satisfied with the studies and were motivated. Former students were advocates for the course. 	<ul style="list-style-type: none"> Major efforts should be made to involve local public health professionals into the programme or at least some course modules so that they operate as advocates of the training.

Criterion V: Human Resources and Staffing

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • All members of the teaching staff had training abroad • All members of the teaching staff seem to be familiar with the concept of “new” public health and with modern methods of training. 	<ul style="list-style-type: none"> • The school team should try to involve trainers from the professional public health field outside of the university. • Involvement of teachers from abroad would strengthen the programme • Trainers should be brought together periodically to give them a holistic view of the programme and helping them to work as a team.

Criterion VI: Supportive Services, Budgeting and Facilities

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Staff and students can use the supportive services of the university. • Trainers are independently salaried through the university, which gives the school a financial stability. 	<ul style="list-style-type: none"> • Access to international literature should be opened as soon as possible if the school aims to develop in a European dimension.

Criterion VII: Internal Quality Management

<i>Strengths</i>	<i>Comments and recommendations</i>
<ul style="list-style-type: none"> • Quality assurance is well developed at the university level. 	<ul style="list-style-type: none"> • QA concentrated on “paper based” efforts. • When student numbers increase, the QMS processes of the school should be increased and formalised in qualitative and quantitative approaches.

Criterion I: Governance and Organisation of the Programme

The team realised that both the school and the programme were very much birth child of the project which involved the Nordic consortia. The team felt that this was fine because a lot of schools started by these sort of consortia but the team were aware that since his four-year programme finished, to put it politely, the school is in transition. The team were also aware of some of the strategies that were also in place, which included training staff from the University, for example, the potential future training in research methods of 25 faculty members from the University. The team felt that this would focus the programme rather to one side, for example, in research methods or epidemiology and therefore care should be taken with regard to keeping focused on the core public health content of the programme, not to weaken its basic strength in the general domain of Public Health, which is the big selling point of the programme.

The team realised that there are issues in the region with regard to the understanding of public health and with local regulations; moreover, the embrace of modern public health in Russia is still something new, therefore the input of the Nordic schools, bringing a full rounded view of public health, is a strong side of the programme.

The school should now really think about developing more strategic planning over the next five years, which shouldn't be the responsibility of one person but a collaborative effort including all the people within the school, which means teachers and students, as well as the inclusion of stakeholders from the external world and the existing public health services. The definition of a clear strategy supported by the school team and the stakeholders should be the focus of the future development.

The team then examined the existing relationships and structures with regard to the staff and universities in Norway. The team felt that the school should try to have more autonomy

from these external institutions and the connected projects, and be rather more orientated towards independent self-development. As part of the strategic planning, the school should understand where she wants to fit in within the existing legislation and the existent international donors but also with other potential partners within that system.

One of the main points to be developed now is to set up a strategy for the future and setting out a strategic plan, which means first of all defining a clear mission for the school. The team had discussed with some of the interviewees during the site visit what this mission could be. The impression was that there was a very loose definition of the mission. The team believes that the school should have a much more strict and precise definition. For example, where it would want to fit in within the Russian system and whether it is willing to integrate new visions with the existing systems: are they willing to be the ones to integrate new public health visions within the existing structures in order to try to modernise them toward European or, in general, more modern standards? Should they try to integrate non medical professions within the public health field or to develop a new vision of public health which would help develop the notion of public health from a just a sanitary-hygienic or medical approach towards a more health-oriented approach? These are just examples and the school should be able to find out other examples of mission which qualifies the school within the Russian environment and also within the international environment.

Secondly, the school should strive to clarify its structural identity. It would seem that the school has a very functional identity within the university system, in the sense that they are called to develop and put forward part of the University mission within the public health field, but the school does not seem to have a strategy nor is it identified as a separate, well placed, independent structure. The team believes that if the school does not get to this point there could be real difficulties in surviving, and even if they did survive, in getting a real place within the University and within the public health environment.

The team would recommend that the leadership of the school should be deeply involved in the day-to-day activities of the school. The team understood that the programme leadership

is someone who has administrative responsibilities rather than the day-to-day hands-on teaching responsibilities of the programme.

Concerning marketing of the programme, the team understood that the major challenge for the school is to survive in terms of having students in the programme. So since the international project is over and the school have just started issuing new Russian degree masters, which are not well known or recognised, the team think that the school should concentrate on marketing, not only within the local area or university, but also around the country and other foreign Russian speaking countries. The programme is quite a unique experience and the school is lucky to have this based on an international collaboration, therefore it should focus on a Russian language based programme, because there are many Russian speaking people around the world.

The team thought that the school could publicise the programme not only in Russia but also in other countries which speak Russian, for example former Soviet Union countries which are lower developed in terms of public health training. The team would also suggest that the school approach foreign graduates who have graduated or are graduating from the existing Russian system in medicine. This would be a large market for the school and later would be of great value to their countries as health managers, public health workers, coordinators of different projects or programmes. Having in mind that many countries around are again focusing on Russian language based programmes, the school is well placed to be very popular among countries such as Mongolia who do not have well developed programmes in public health or health management and would be therefore interested in sending their students to study abroad. Nevertheless, the school would need to be very responsive to the local market needs, especially as there are parallel training programmes in the public health area, such as those for sanitary hygiene doctors or management training in their own university. The school could perhaps develop sub specialities in the MPH programme, based on the elective courses, e.g. in health management, health economics, epidemiology.

Of course, the strategy of marketing has to be well stated and supported by both internal and external bodies. The team were informed of the projects at the school and that the school has major publications and are involved in surveys concerning health behaviour in the region. This might serve as a good starting point for strengthening the status of the school both at university and country levels.

Criterion II: aims and objectives of the public health programme.

The team felt that the aims of the programme were well developed in terms of international standards, which were considered to be a strength of the programme. The team believed that one way by which the school could make the programme more efficient, as mentioned above, would be by developing sub specialities, by increasing the use of electives as part of the marketing and as part of trying to gain more interest among possible candidates. With sub specialisations, for example, the potential students would be able to see a clear career potential and a reason to undertake these courses. The school should think about how to make the programme more flexible and increase the use of the electives in the sub specialities.

In doing this, the first aspect is that the school may question the existing resources able to deliver these. However the team would recommend to look toward collaborations with both the MPH type awards in the local region as well as the MBA awards. These schools and departments will have specialists in areas such as management and economics who may join in some form of relationship with other departments outside of formal financial contracts.

Criterion III: The Curriculum

There are some strengths in these components. The two main strengths are that students have expressed that they are exposed to a large range of teaching methods. That there are a large range of different pedagogic methods being used at the school and in the programme. The team realised that there is also an extensive syllabus for the modules. The team were

also informed about the wide range of contents within the courses and the team would encourage the school to continue this.

The team had seen and were informed about the rigidity which underlines the programme which doesn't allow it to be so attractive from the point of view of students. So the school should look at the possibility of offering the curriculum in parts. The school should try to offer these in separate modules or in cluster of modules which could be perhaps certified independently. This would mean that people would be incentivised to undertake them not within the whole system of the master which would take two years. This could also help in going towards the possibility of having sub-specialities.

The possibility of putting inside this master not only basic public health but also the possibility to go towards some real elective specialities can help the student find out his or her specific interest and what is good for their future career. This could also open up to introducing a part-time programme which is a key point because if the school is not able to break up this rigid scheme of time within the Russian regulations it would be difficult to have more students. If the school is able to have these or to stretch the programme over a longer time period it would become more attractive to students.

The curriculum will need to be renewed on a regular basis based upon a needs assessment and the school will need to be attentive to the real needs and what the school should teach which means the curriculum should be renewed and updated regularly. The team didn't see any evidence of this process so the school needs to give to students assurance that the training they receive is really the best and most up-to-date with respect to what they need and the needs of society.

Criterion IV: Students and Graduates

The team met with students who expressed that they were happy and satisfied with the programme and the team did not hear criticisms but understood that the programme produced good advocates for the school as they were promoting the programme to friends and colleagues. Therefore the team would recommend that more local public health professionals be involved in the programme so that it is more known and is more widely publicised throughout public health professionals, not only within the University, but also within the regional environment. The team would also recommend that the school generate more formal links with former students so when the number of graduates increases then the popularity of the programme grows in a geometric progression. So, with time the team would recommend to develop an alumni association and to organise particular events for them and, of course, involve other professionals where the achievements of the programme should be disseminated and promoted. It is also considered good when programmes have foreign students and graduates as they again act as ambassadors for the programme and the ensuing results.

Criterion V: Human Resources and Staffing.

The strength of the school was that all members of the faculty were trained in the international project. People with whom the team interviewed understood the concept of contemporary public health and the methods of modern training as they had gone through the training of trainers programme which was very nice to observe. The team would recommend that the school involve in the training programmes more professionals from the field and particularly public health professionals. This should ensure that students and participants will be informed of the latest areas and developments within the field and the needs of the local public health system but would also operate to market the school to the public health workforce. These can be invited for particular lectures or particular group work or particular projects and this would improve the school's human resource development.

The team would also suggest to organise periodically, at least several times a year, common meetings of all staff members involved and all teachers involved in the programme to discuss the strategic development of the programme and to discuss the marketing strategies and to develop together operational plans in order to give them a holistic view of the programme and not just a view of the trainer's particular module. The team thought that it is not enough that senior teachers train junior teachers and they just follow; the team would recommend that everyone involved in the programme be a "leader" of a particular area.

Criterion VI: Supportive Services, Budgeting and Facilities.

On the positive side it was evident that the school can use all of the supportive services of the main university body and this is a real facility. Also that the trainers were provided through the University, so the school doesn't have to support these independently from the budget by paying the trainers, which guarantees a certain amount of sustainability with personnel. The issue is to find the sustainability in terms of content .

One key point, if the school wants to become a real modern up-to-date European training and research centre, is to have access to international literature. If the school does not have access to international literature it will be impossible to keep updated and to keep the students updated and show that the school and programme are updated with the European or world situation. This is something that the school should work upon as it is a key point and beyond the point of having access just to Russian literature. This will make the future very difficult for the school, especially in terms of attractiveness, if this is not resolved.

Criterion VII: Internal Quality Management

The final area concerns the internal quality management systems. The team had heard of the university's quality assurance processes (which is different to QMS) which is very effective but was also seen by staff as very much paper-based exercise. When the school does develop and get more students, the school will need to then concentrate on formalising the quality processes and mechanisms through both qualitative and quantitative aspects. This is about gearing the school and programme to learn and develop from the people that they are there to serve so the school is dynamic and adapts and focuses more on outputs and the needs of the students, stakeholders and the wider community.

QUALITATIVE WORKSHOP METHODOLOGY

As part of the overall research, a workshop was envisaged with the goal to propose a series of measures to help programmes and Schools of Public Health develop in line with European Accreditation. The workshop was to discuss both the challenges and best practice seen within schools when undertaking change. However, following the survey it became clear that many schools had a range of similar needs. As a result, the agenda placed additional focus upon those gaps and needs identified from the survey and the site visits and left a section at the rear to discuss the development of collaborative projects to address these needs and gaps.

There were 18 representatives from 15 differing countries attendant and all were asked to bring a situation or need (especially in an area of required change) that they thought the ASPHER network of schools could provide collegial assistance with and an area or example, which their school had sufficient knowledge or experience in which participants believe could be of use in helping other schools.

The first part of the workshop introduced the survey results from 51 institutions across the 29 different countries of the region and their perceived gaps with accreditation and also their needs. This was followed by a roundtable discussion about individual school needs from across the region.

There were several areas highlighted during this discussion. The first topic addressed was the use of language and the attempts of schools to adopt language from English to Russian in order to be more appealing to foreign students. Secondly there was an issue raised that not all schools were following the same routes, for example, some schools were looking toward establishing joint degrees whereas others did not want to have joint degrees with other institutions. There was a discussion between two members about the practicalities of introducing joint degrees and the constraints of national legislation.

An exchange followed regarding the difficulties of multidisciplinary student admissions and equalising the understanding. Two points of view were apparent, one that schools should try to balance an understanding before the studies whereas others saw the responsibility of the course itself in balancing this understanding.

The ability to change programmes was demonstrated as a strength of one of the school's present accreditation frameworks. However this was generally achieved at the university level rather than at a national agency level and some members questioned the use of this at an international level as their ministries encompassed this responsibility and were quite restrictive in the ability of schools to change the contents of the programmes.

Connected with this, one of the participants highlighted that they were struggling to offer programmes in public health because the government is setting the priorities about what universities can offer. Where there are needs for nurses and engineering for example, the government set priorities. As the government's set budgets they also set the priorities that they have identified. If the universities do not appropriate the priorities then the government retracted finances which has knock-on effects on such areas as undergraduate training which also can affect the amount of admissions for master level education. The need therefore would be to highlight and demonstrate to the government the need for public health education. Anecdotally it was seen by one participant that programmes of public health in the eastern part of the region were increasing whereas they are decreasing in the western part. However the schools in the Central and Eastern European region did not concur with such observation and neither did the research espoused in this book.

The role of national and international advocacy for ASPHER was highlighted by some of the members and an example given at a local level through the use of summer schools.

One of the members also presented that abstract acceptance at international conferences represented only 1% from the Eastern region. However this was questioned by many other members and the participant was asked to provide the evidence for this so that, if it is the case, actions can be drawn to address this.

Exchange of faculty and researchers was highlighted as well as different funding implications of projects. One of the members highlighted that the mobility of faculty was dependent on the implementation of an Erasmus Charter which was an important area for schools to consider. Also seen as important was for faculty to be able to visit other universities for shorter periods of time. This adds to previous areas of hindrance, all of which may account for a low uptake of sponsored mobility.

Another participant pointed out that due to a needs assessment (similarity with the point made above) they were requested to withdraw their MPH programme which left just a Master in Public Health Management (MPHM) programme in place. However another participant highlighted that although management is included, the Master of Public Health management degrees were still a vital source for core public health understanding. An element within this was the distinction between "needs" and "demands" in the local systems. It was mooted that in one system there wasn't the demand for MPH education as employers seemed to be satisfied with the existing structures.

The afternoon session then took the format of synthesising all the information and discussions of the morning session into concrete activities. These are summarised below and during the discussions the participants were asked to vote on whether these were important issues to pursue as a collective. The ambition of this section of the workshop was to develop constructive ideas for the future activity based upon the data deriving from the survey and site visits. The full list summarised here represents the workshop dialogue and is further integrated into the discussions and recommendations section below.

QUALITATIVE WORKSHOP RESULTS

During the discussions there were several overarching themes or issues raised which could have a direct relevance on any future activities and as such are worth raising at the beginning of this section. The first element concerns how much knowledge can be derived from the data. The questionnaire survey provided many needs as well as areas of compliance but these gave no indication about the individual circumstances from whence they were drawn. This cannot be gleaned from the data, and at this point there were only two qualitative site visits undertaken which could not be seen as reflective of the whole European situation. This aspect leads into the second area which sees some criteria covering rather large areas of the school and programme's operations, for example criterion one, governance and organisation. It would be seen as unwise to attempt developing activities for such a broad area without an understanding of the precise elements to be approached. Finally, the existing knowledge of some of the areas within the members of the network

needs to be questioned and whether or not the network is in a position to help itself or requires additional external advice. An example of this is perhaps quality management systems which has relatively low compliance throughout the schools coupled with the potential to be confused with quality assurance systems which was evident during the discussions of the workshop as well as the site visits.

All of these three elements would seem to draw to the conclusion that there would be a potential for a staged approach when considering some of the activity which would perhaps involve an element of educating the members, or at least striving for a commonality of understanding, further elucidation of the issues at hand and a focus upon very precise activity which could be monitored. As such, the recommendations contained within the workshop were only idea kernels which would need to be progressed by smaller teams of interested individuals through the use of further research and/or a series of workshops. There are however, some tentative ideas which are closer to becoming reality than others as there already exists common understanding of the issues, examples of previous work undertaken and a coherence between many as to what the end results should look like and how they should be utilised. Stakeholder and alumni analysis, as examples, would clearly fit within these latter schemes.

Below are the summarised discussion points from the workshop. The length of the text is demonstrative of the length of discussion given to each area. Simple straw polls were held at the end of discussions as to whether or not these ideas were worth pursuing. Although placed here, some of these ideas form recommendations of future activity in the later section of the book and hence some repetition is unavoidable.

Strategic Planning

This area also includes communication/marketing strategies and business planning and focuses upon the strategic elements of the organisation's development. During the workshop there was both an examination of the results of the qualitative on-site reviews as well as the data deriving from the needs analysis. The needs expressed were curious as the majority concerned not necessarily "needs" but "wants" and all of them would fit

comfortably within a strategic plan which accommodates overall strategy, operations, marketing and business planning. In addition the site visits also encountered the need for monitoring the implementation of a strategic plan.

Promotional actions at a "meta" level.

The kind of activity is seen under this heading would be with regard to "advocacy". Examples provided during the workshop were for summer schools for policy makers, roundtable dialogue and translating evidence into policy.

Pedagogic training and workshops.

The potential for mobility around Europe, using the ASPHER conference and not generating new conferences and also short workshops for the development of pedagogic skills and understanding.

Database of course and curricula

This area was an addition through the workshop which was housed under pedagogy and would involve the development of a database which would include curricula, supportive materials and identified expertise from around the ASPHER network and beyond. This also includes the focus on the development of a series of "cases" from around the region that can be used in training.

Alumni tracking

An area identified by the schools as potentially important is to track what alumni are doing following their courses both in terms of career paths, use of education, and potentially salary scales. This would be seen as a European wide research which could also be translated into policy.

Faculty training including knowledge / competences and pedagogy

The participants agreed that there should be further exploration on the needs for faculty training in specific areas, such as, knowledge enhancement, competency identification and integration into teaching and assessment, pedagogical approaches.

Faculty publication - abstracts for conferences

Helping faculty publish and for the potential of assisting faculty in submission of abstracts for conferences. The first step in this regard is to collect evidence of the East/West

acceptance rates within existing conferences as there was a suggestion that only 1% of Eastern schools were being accepted. The majority of the participants did not concur with this small percentage and hence any future activity in this area would rely upon solid evidence and the participant who had voiced these concerns was asked to investigate this.

Conference participation

Connected slightly with the point above but also in its own right, was supporting faculty participation at conferences. Many of the participants had recognised that if abstracts were accepted there are often fully or partially subsidised conference registrations available and should be pursued by schools and faculty directly rather than in a forum such as ASPHER.

Exchange of Staff

This was an area seen as a key interest by members of the workshop with the potential to integrate this with the small workshops or bilateral agreements. Short visits were seen as an ideal way to offer faculty insights into many areas pedagogy, governance and research for example.

Quality Management systems

A larger than expected discussion took place over this topic. Quality management systems had, according to the research, low compliance rates and high need throughout the region. The discussions highlighted that quality management systems were seen as different from quality assurance processes which rely upon complying with set standards. Quality management systems alternatively were seen as reliant upon interrogating and understanding the needs of the external environment and absorbing those needs throughout the school. This process would not only include students but also employers, governments and alumni. A key issue was to embed a philosophical understanding of the processes and requirements of quality management systems. One participant stressed that they wished to understand how their training could be improved with the use of quality management systems. This was supplemented by another participant that wish to understand how the training of their students both from their school and internationally was being assessed within the workplace through discussions with stakeholders. The potential, with regard to activity is to potentially look toward some form of training in this area, beginning with philosophical understandings through to practical activities including

the organisation's interaction and response to stakeholder needs (stakeholders including, for example, employers, government, University structures, faculty, present students, alumni). A simple straw poll was conducted based on the question "would looking at or nurturing QMS as a concept as applied to Public Health education and further development through our schools be of interest for future projects activity?" All of the participants bar one agreed and the reason given by this participant was that there was enough quality assurance in their system.

DISCUSSION AND RECOMMENDATIONS

The goal of this project was to help higher education systems and institutions of public health across the EHEA identify and compare strengths and understand the gaps which require assistance in developing toward European quality standards. In so doing the aim was to propose a series of measures to improve and reform the quality assurance and transparency. During the course of the research it was evident that many recommendations cannot be finalised but require further discussion and research. As such, the recommendations presented here should not be considered as complete but rather an attempt to use the gathered evidence to further discourse toward potential cost-effective activity focused on the fulfilment of the accreditation criteria.

Regional basis

Within both the compliance and need sections of the survey there was found a heavy inference to region. The question is, what to do with this information? Should an organisation such as ASPHER develop activities which focus on a particular region within the whole EHEA landmass? An Association such as ASPHER represents the whole member constituency and should perhaps not generate activity itself which could be considered solely for the benefit of one group. This would not exclude the possibility of focusing on a region, as an example, the previous OSI ASPHER program was focused on the Central and Eastern European region but included the whole of the membership. Moreover it undertook this, not as self-generated activity but more under the direction of a funder. Most importantly, only because regions were significant and many schools had issues in those regions does not entail that other schools in different regions don't have the same issues. Although acknowledging the regional basis for some of the compliance issues and also needs, the recommendations below are focused across the whole European region for the equal benefit of ASPHER member and non-member schools.

Recognition of training

The quantitative survey demonstrated that 100% of schools were legally recognised with their own national systems and were allowed to issue master programmes. Not all programmes required continuous accreditation and of those which did there was a split between those agencies who are members of transparent European wide associations and those who were not. An interesting feature in the results were that many agencies had their own acronyms and it was unsure whether these were autonomous or quasi-autonomous bodies from the ministries. Three of the programmes were accredited by the Ministry of Health and from the information it wasn't possible to determine if these were medical specialities or if they could confer the possibility for their students to continue with an academic career through to doctorate level.

The Russian site visit provided extremely encouraging details of how the Russian Ministry of Education has now recognised the Master of Public Health as a discipline which allows for public health to be legally taught at graduate level throughout the country. The ramifications of this are as far reaching as the Russian sphere of influence and it is hoped that countries which form the NIS region will soon follow suit. However, there still seems to be hurdles for the system with a major obstacle being that the Ministry of Labour have not yet determined the professional positions that holders of the MPH can expect to pursue. Therefore, the position of MPH degree in the system of higher education is still very weak and needs both national and international support. ASPHER schools may find a role to play in promoting the professional career paths that MPH graduates follow after studying in their schools. To achieve this would require surveying alumni careers. From the evidence provided through this research it would seem that many schools are not at present doing this and hence it may be incumbent on an association such as ASPHER to incubate activity in this area. There will be many schools who are undertaking this type of activity and ASPHER would provide a suitable forum for these schools to share their knowledge. The evidence gained from such an activity will not only help public health programmes internally but will also provide powerful lobbying material at both national and European levels. The effect of alumni surveys within the internal systems, in addition to marketing, will be dealt with below under the quality management section.

Strategic planning

During the workshop the issue of strategic planning was raised with the majority of the participants wishing to pursue activities designed to improve this area of their school's operation. The data from the survey could not be used as evidence in this regard as it could not determine the existence of strategic plans within schools or if they were in the process of implementing them. The qualitative on-site visits provided a variety of information, in one school the review concentrated on the strategy for pedagogy, in another it heard about the school's wish to provide implementation indicators and in the final site visit there were recommendations to develop a strategic plan with the inclusion of the stakeholders, students and alumni. What could be recommended, given both the enthusiasm to pursue this area and the lack of hard evidence, would be to perhaps survey ASPHER members as to whether they would require assistance in this area. The area in the question should perhaps focus on developing strategic plans, along with operational plans, marketing plans, pedagogical strategies and business planning, in such a way that schools would be able to encourage different actors to help formulate these plans and to devise processes to monitor their implementation.

Part of the business planning would rely heavily on understanding complimentary or competing training within their country. This is a specific accreditation criterion which was included in the survey through asking the respondents over their knowledge of the number of similar training programmes in their country. The replies were impressive in that out of thirteen countries which had more than respondent, only one country had schools which replied with unity. In twelve of the countries there was no agreement between the respondents as to the amount of training in their countries. As an ongoing process, it could be recommended that an association such as ASPHER undertake mapping of the amount of training courses available throughout the European region through using their connections in each of the countries including both schools, Ministries and organisation such as the WHO. By focussing on programmes rather than the schools it may also be possible to circumnavigate the issues surrounding the definitional ambiguity of "schools of public health." Not only could this provide valuable sectoral information it could also provide ASPHER with a pool of new training programmes and their hosts for potential membership.

Public Health in a title

Although not fitting neatly under any criteria it is perhaps worth mentioning how the term public health is used in both schools and programmes throughout the region. Within American public health accreditation it was seen quite clearly that the term public health was a significant presence in both the names of accredited schools and in the titles of accredited programmes. Although these schools and programmes may not reflect the entirety of the American system it does seem to indicate the importance of using the term somewhere in the name or title. This is not the case in the European region and many schools and programmes used alternative terms, such as health sciences or college of health. In itself, this was not considered a problem as the content of the training is paramount and all programmes, bar three, said they complied with the APHEA eligibility criteria on the internal ingredients of the curricula. But this would lead to question that, if a programme is, to all intents and purposes, a public health programme why not call it that? One area is the legal restrictions imposed which can inhibit the use of term 'public health' or the issue of a "Master of Public Health" but this also raises questions over the decision makers understanding of the term. Definitional ambiguity had affected previous mapping exercises which, as an understatement, was not overly helpful to the discipline globally and perhaps, this variance in names across the region was cause for the lack of consensus in assessing the number of in-country programmes within this project.

Furthermore, having non-standardised names could be an issue for APHEA. During the quantitative survey period a number of schools had questioned whether their programme would be eligible for the survey/accreditation and in all cases they were. Although the website questionnaire had tried to distinguish the programmes it wished to survey it was interesting to see how many schools were unaware whether their programmes fell under the remit of APHEA. Based on this it would be a recommendation for APHEA to consider generating a list of eligible programmes, incorporating the varying titles used, as well a sketch outline of the areas of enquiry. These could be promoted either through emails or on their website as it would be concerning to think that only a fraction of those eligible programmes were aware of the remit of accreditation, especially if this was based on schools believing APHEA only accredited Masters of "Public Health."

Faculty training

Although faculty training was not a constituent part of the 23 questions of the survey it does appear within the unabridged criteria and was picked up in the needs assessment, on-site reviews and the workshop. However as a generic term it covered many areas from discipline specific knowledge through to pedagogic methods. Within the on-site reviews there was an emphasis on formalising the policies for faculty development whereas in the needs section there was a focus on specific attributes of training. This would make it very complicated to recommend concrete activity. On the one hand there is internal management issues which are the sole property and responsibility of the individual schools. On the other hand the content is too broad to be able to define an area of proposed activity. The workshop participants clearly understood these issues and proposed a series of actions, the first of which would be to conduct more research into the potential areas of faculty development so that any action was based on evidence. There could be, for example, training workshops based at the annual conferences on areas such as pedagogy in which attendants would not have to contribute additional cost or time. Another issue which was mentioned in both the on-site reviews and the workshop was the ability of faculty to be published. There are several journal editors involved in the ASPHER network and it may require simple brokering to join these people together. Again, these issues would have to be designed around meeting a clear need in which further research is required. Hence the recommendation would be, as a first step, to generate a small team of 3 to 4 people to investigate further this area. Unfortunately, although this working mechanism was greeted enthusiastically at the workshop and an email invitation to join teams was subsequently sent to the participants but only one person replied indicating their willingness to take part.

Quality Management systems

One of the lowest areas of compliance but the highest area of need referred to the schools' quality management systems. During the project activities it became apparent that there was some confusion between quality management systems and quality assurance. Quality management is used here to refer to the philosophy of continuous improvement, customer focus and integrated management systems³⁸. What was noted during the qualitative on-

site reviews was that schools tended to base the quality improvement on feedback from their present student cohorts. The recommendations made during the reviews centred around an expansion of this group to include both alumni and stakeholders. There are several practical activities that could be proposed which would involve the schools, ASPHER and APHEA. The starting point is perhaps using ASPHER to generate a workshop to elucidate the issues surrounding quality whereby experts in the field be called upon to help schools understand the philosophies and mechanisms involved in quality management. A secondary workshop could be based around members' experiences of conducting alumni surveys with a focus on career paths. If it were deemed necessary, a small working group could be established to develop an alumni survey which could be used by members' schools both for their internal purposes but also for information to be fed back at an association level for policy development at a European level.

A third activity could be embraced within a project framework consisting of surveying the performance related competency requirements of the public health workforce consisting of, but not exclusive to, employers and alumni. As a first step non-discipline or transversal competences would need to be agreed upon. Along with the discipline-based competences already generated by ASPHER these could be surveyed among different country workforces. The results from this could then be used for schools to determine whether their curricula are pertinent and the project could then also advise on how to integrate these competences into a curricula. At present, ASPHER has generated the framework for such a project which could pursue funding through the European commission.

A further potential recommendation involves the combination of quality management and quality assurance as housed in APHEA. During the historical development of European accreditation different models were proposed in which the precursor to accreditation, the PEER review, would remain with ASPHER. However, the advent of accreditation may bring into question the future role and survival of the PEER review. Why would schools wish to undertake a PEER review when an accreditation process available? The simple answer may be that it focuses more heavily on quality improvement. However it could also be argued that European accreditation has provided a programme level goal on to which any quality improvement should perhaps be focused. The interesting part of this is that when

developed during the 1990s the PEER review was conceived as an integral part of the accreditation process and so it was always going to be subsumed to an extent within an accreditation framework.

The proposal for a recommendation would be to consider a separate strand to accreditation whereby the focus of the criteria remains the same but are housed within a quality improvement structure where recommendations for change are forwarded rather than yes / no decisions. Such an approach was used for the on-site visits within this project and implemented in three countries. All of the school's involved mentioned how much they appreciated the reviews and that it gave them an objective point of view on their operations, recommendations for change and could also be used for ammunition/evidence in their discussions with decision makers. As such this would reflect perhaps more this approach made by the world Federation of Medical Education (WFME) which have both accreditation standards and quality improvement standards side-by-side. Such a review would fit the historical relationship of PEER and accreditation as well as be maintained through ASPHER. The question would then be, if it could play a part in the overall accreditation procedure so schools wouldn't have to pay out twice, for example could it perform a sort of 'pre-accreditation review' which would be a lot lighter in terms of finance and manpower for schools to undertake.

Faculty and student exchange

Given the combination of this area which sees a low compliance coupled with high needs as well as being a central part of the Bologna declaration and Prague communiqué, this recommendation could be alternatively considered a priority. Although this aspect regards schools at a local level, the recommendation could be for an association such as ASPHER to act in a brokering role by hosting a workshop or working session inviting both interested schools and a representative from the EACEA who could outline the EU commission's funding structures and be available to answer any questions. Schools interested in receiving funding, trainers or students could then use the time to discuss partnerships with their international colleagues as well as advertising themselves on webpage which could be generated on the ASPHER website.

The following are the concise suggested recommendations.

1. **Strategic and Operational Planning.** Small working group to be established to research further with view to conduct an initial workshop inviting schools presently undertaking this area of activity to share their experiences with schools who wish to start.
2. **Faculty training.** Small working group to be established to research further with a view to having training workshops.
3. **Quality Management Systems - Concepts.** ASPHER to organise workshop inviting experts from the field. First workshop to focus on philosophies and practices.
4. **Quality Management Systems - Alumni career surveys.** ASPHER to conduct an initial workshop inviting schools presently undertaking career tracking to share their experiences with schools who wish to start.
5. **Quality Management Systems - Potential project.** ASPHER to develop a project for funding focussing on the translation of stakeholder and alumni performance related competences into curricula.
6. **Faculty and Student exchange.** ASPHER to conduct work session inviting EACEA to explain mechanisms for funding and to answer questions from interested schools
7. **Quality Improvement tool.** APHEA to investigate possibility of integrating accreditation in to a programme level quality improvement tool.
8. **APHEA Marketing.** APHEA to publicise more widely the types of programmes it accredits along with the differing types of names and the processes involved.

CONCLUSIONS

The development of European accreditation in public health was born out of the desire for schools to ensure quality when conducting collaborative activities. In many ways the Bologna processes throughout the EHEA represents a collaborative exercise between different national systems and was established on mutual trust rather than the creation of supranational quality assurance systems. The early activities of ASPHER demonstrated that collaboration could not exist on trust alone and that there had to be some formal and transparent assurance of quality. This was embraced initially by the PEER review which later transformed into European accreditation. The focus of this research and book was to understand the proximity of schools and programmes, throughout the EHEA region, to achieving European accreditation and what areas if necessary would require change in order that all schools would have the possibility of successfully passing through an accreditation procedure. The ambition was to survey the overall compliance of schools to the accreditation standards and to understand where any potential gaps may lie. This was to be undertaken with the addition of inviting schools to declare their needs under the respective criteria. The survey was then complemented by a series of on-site school reviews and a workshop of representative schools from the region in which more detailed information and opinion was sought. The ambition of these three elements would be to propose a series of actions to both satisfy school needs and close any gaps between current operations and successful accreditation.

The first steps to achieve this were to take the accreditation criteria and simply ask the schools whether they complied, were in the process of complying or, as the case may be, not complying. Although simple in theory it required breaking down the accreditation criteria in to manageable amounts and this was achieved through comparison with other accreditation systems. This would ensure that any questions asked, of which there were 23, would be pertinent and applicable across different sectors. 71 schools of the ASPHER network were contacted to complete the survey which included gaps and needs and out of this number 72% responded. Alongside the gaps and needs, this research also provided some great insight into the development of public health as a discipline in the EHEA. It was found that the majority of respondents' schools and programmes began life in the 1990s

and the first decade of the 21st century which was due in part to the breakup of the Soviet Union and overall systems change in many countries of the region. However it must also be noted that this was a key period in the development of European public health across the more traditional countries and occurred at a time of reaction to the WHO's health for all strategies and the ascendancy of new public health. It was interesting to see that during this period there was far more use of the term "public health" in both schools and programmes which could demonstrate a growing acceptance of the term and which is a change only presently taking place in Russia and the NIS regions. However there remains a mixed usage of the term throughout the European region which was shown to cause confusion for some schools in understanding whether their programmes were eligible for APHEA accreditation. Recommendations were suggested that APHEA should broadcast more widely the eligibility of programmes alongside examples of the type of programme titles used throughout the European region.

Over 85% of programmes of public health complied to the European accreditation criteria used in the survey. However this global figure masks some of the finer detail and there were areas which contained both full compliance and also considerably low compliance. The highest areas of compliance were the national legal recognition of the schools and those programmes having the core components of the curriculum provided through the teaching of the basic concepts, theories and methods of public health. On the other end of the spectrum, the lowest compliance was in the facilitation of international exchange of staff and students, quality management systems, sufficient resources, followed by a balanced faculty workload.

Out of all the variables analysed it was found the geographical location of the school had the most significant impact on compliance. Respective countries were categorised into separate regions within the Bologna area according to United Nation's definitions. However it became clear that although geographically correct the prescribed regions had wide economic, social and political variance and so the decision was taken to define a category for Central and Eastern Europe which would comprise of all those countries previously connected with the development of the activities of the OSI ASPHER program and which

included the Baltic states, Eastern Europe, South Eastern Europe (SEE), Russia, FSU and the NIS states. There were then four regions analysed, Northern Europe, Western Europe, Southern Europe and Central and Eastern Europe. It was found that the regions influenced compliance rates in five out of the seven criteria areas and that there was an absolute relationship between these regions and the wealth of the countries surveyed. Northern European countries were the richest, followed by Western Europe then Southern Europe with Central and Eastern European countries being the poorest out of the whole EHEA region. It was surprising then to discover that Central and Eastern Europe had the second highest regional compliance rates. Some way behind Northern Europe but higher than Western Europe and Southern Europe which had the lowest rates of compliance. This was encouraging news given ASPHER's previous role in the region.

As the regions had proved significant to compliance the next section of the research, the needs, were also compared regionally. Intuitively it may be considered that those countries with low compliance would have a higher number of needs and vice versa. Northern Europe abided by this logic as it had extremely high compliance and very few needs and equally Southern Europe had rather low compliance and a relative amount of needs. Both Western Europe and Central and Eastern Europe, however displayed an opposite trend. The amount of needs coming from schools in Central and Eastern Europe were over double the total number of needs deriving from the other three regions combined. Alternatively, in many criteria Western European schools had low compliance and low needs. There were attempts to account for this situation but ultimately the data could not elucidate and hence any explanation remains one of conjecture.

Initially the schools had been asked to supply their needs based around the accreditation criteria, however following a series of coding it became apparent that some of the needs no longer fitted neatly under these criteria, for example some schools had expressed needs in the internationalisation of their programmes or in the introduction of new modules which are not part of accreditation. This demonstrated that although accreditation criteria can act as a framework it doesn't encompass all the needs that schools see for their own development. However, comparing the expressed needs from schools to the compliance

rates demonstrated a congruence with the largest areas of needs being reflected in the lowest areas of compliance. The five main areas were exchange of faculty and students, budget and resources, quality management systems, faculty development and governance / coordination. There was a slight variance in faculty in which the compliance survey monitored workload but the needs feedback stressed faculty training and this needs section also highlighted several needs in governance and coordination which were not detected at all in the compliance survey.

The second part of the research consisted of three on-site reviews of programmes in Spain, Serbia and Russia. The objective of the exercise was to use the accreditation criteria as a quality improvement tool rather than as a quality assurance framework. This would enable the site visit teams a deeper understanding of the schools operations with regard to accreditation in which recommendations for future actions could be suggested. Although the three schools were in varying degrees of development there were overarching themes found which included the five areas seen within the previous survey. For quality management systems there was a tendency to be exclusively focused upon the present cohort of students which was recommended to be expanded to both stakeholders and alumni with the latter group providing career paths information. Faculty development formed recommendations both for pedagogy and formalised policy. Governance and organisation of the programme centred around the positive institutional relationships the schools had within the medical University structures and included elements of strategic planning. The financial interrogations of the programmes revealed a stark realisation of the effects of the economic "crisis" in the region and how all of the schools benefited from economies of scale through having their online resources supplied by consolidated libraries. Faculty exchange and mobility formed part of the discussions in all of the site reviews which noted its dependence on available time and funding. The integration of quality improvement during the on-site reviews was appreciated by both the schools and the reviewers and as a result a new recommendation was proposed for APHEA to explore the possibility of using their criteria within a programme level quality improvement framework.

The results of both these quantitative and qualitative exercises formed the agenda for a one-day workshop at the ASPHER Deans and Directors which included 18 representatives from 15 differing countries. The objective of the exercise was to find consensus in approaches aimed at increasing compliance and satisfying need. Four out of the five areas repeated themselves in varying degrees (budgets and financing were absent) although the participants recognised the difficulties in promoting activity without having a fuller and more focused comprehension of the areas. Several activities were based upon conducting further investigations to collect additional evidence and this applied to the governance and organisation issues as well as faculty development. The remaining two areas surrounding the exchange of staff and quality management systems were in the position to have more concrete action proposed.

The three interrelated activities of this project congregated to recommend and propose actions in eight areas directed toward schools, ASPHER and APHEA. The first three recommendations concern the initial development of a small working group of schools to investigate further the areas of strategic planning (including communications and marketing, operations, pedagogy and business planning), faculty development and alumni tracking. The second set of recommendations focused on ASPHER based activity including a workshop on quality management systems, a working session with members of the EACEA for faculty exchange and an application for funds to support the translation of stakeholder and alumni performance related competencies into curricula. The final set of recommendations concern APHEA. The first recommendation is to clarify and market more extensively the types of programmes applicable for European accreditation. The concluding recommendation would be for APHEA and ASPHER to explore the possibility of using the accreditation criteria as a framework for a quality improvement tool so that there remain products available to help develop schools toward international benchmarks.

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APPENDIX A. DISTRIBUTED QUESTIONNAIRE



Public health Education Reform For Equity in Quality of Training: "PERFEQT"

Project co-funded by the Lifelong Learning Programme

Dear ASPHER member,

Recently ASPHER received co-funding to conduct a research project focussing upon the status of schools in the European Higher Education Area (EHEA) in relation to the standards outlined in the new accreditation system implemented by APHEA (Agency for Public Health Accreditation). The remit of the project is outlined in the box below and in addition, as a membership organisation, we would also like to enquire about any areas in which we can service your needs in the future.

We understand that your time is limited and hence we have designed this questionnaire to take a maximum of 15 minutes to complete. We cannot stress enough how important your responses are, not just for this research but also for the overall development of Public Health Education in the European Region. We very much would appreciate if you could spend a small part of your day to help.

Public health Education Reform For Equity in Quality of Training: "PERFEQT"

The **GOAL** of the project is to help higher education systems and institutions of public health across the EHEA to identify and compare their respective strengths and understand the gaps which require assistance in developing toward European quality standards. In so doing the **AIM** will be to propose a series of measures to improve and reform the quality assurance and transparency of training throughout the EHEA as well understand the challenges and timeframes involved in implementing EHEA wide reform toward accreditation of Master level programmes of public health. The **METHODOLOGY** is to combine a questionnaire, institutional site visits and focus group discussions

PART A. Introductory Questions

1. School name (will not shared and only used by secretariat to verify response rate and follow-up)

2 . Country

3. School established in

4. Programme* name

5. Programme established in

6. Number of MPH or MPH Type* programmes in your country

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<input type="checkbox"/> 6 to 10	<input type="checkbox"/> 11 to 20	<input type="checkbox"/> 21 or more	<input type="checkbox"/> Don't know	

7. In your country, is there a formal body responsible for licensing of new programmes.

YES NO

If yes please tell us the name of that body:

8. In your country, is there a formal body responsible for issuing accreditation of existing programmes.

YES NO

If yes please tell us the name of that body if different from above:

NOTES ON definitions:

Programme / MPH / MPH type Include all programmes which follow on at least from a first cycle degree education with a focus on public health, which are generally considered "master" level.

Faculty is used to denote academic staff.

PART B. Accreditation Needs

For all questions in this section the response sought was the following:

1. We comply
2. We don't yet comply but we are in the process of trying to reach this level
3. We don't comply

Criterion I: Governance and Organisation of the Programme

The governance, organisational structure and processes are appropriate to fulfilling the aim and objectives of the programme, and consistent with the policies and requirements of the host institution.

Criterion 1.1. The parent institution is legally recognised / accredited by national educational authorities and allowed to deliver the Master programme and issue degrees.

Criterion 1.2. The programme administration and faculty shall have clearly defined rights and responsibilities concerning programme governance and academic policies appropriate to fulfilling the aim of the programme.

Criterion 1.4. There is a competent academically qualified person (or group) responsible for the coordination of the programme.

Criterion 1.6. The programme has effective communication tools (website, brochures etc.) to present itself externally in an open, adequate, up-to-date and honest manner.

Criterion 1.7. Faculty and student representatives are formally involved in the management of the programme.

Criterion 2: Aims and Objectives of the Public Health Programme

The programme has a clearly formulated programme aim or set of programme aims, conducive to the development of final qualifications (competencies) in public health and which are responsive to changing environment, evidence, health needs and demands of populations.

Criterion 2.1.(1) The programme has explicit programme aims in line with the mission of the institution.

Criterion 2.1.(2) The programme aims are shared amongst the staff.

Criterion 2.3.(1) The final qualifications and learning objectives correspond to general, internationally accepted descriptions of the qualifications of an academic Master programme.

Criterion 2.4. The programme is designed to respond to changes in the environment, scientific evidence and health needs and demands of populations.

Criterion 3: The Curriculum

The curriculum, learning objectives, educational methodology, assessment procedures and outcomes are consistent with the programme aims and final qualifications of the public health programme.

Criterion 3.1. The programme content all of the following core areas: Press here for description
(Please press here to see full descriptors)

1. Methods in Public Health
2. Population health and its determinants
3. Health policy, economics and management
4. Health education and promotion
5. Other/cross-disciplinary themes

Criterion 3.3. The core components of the curriculum provide a thorough teaching of the basic

concepts, theories and methods of public health.

Criterion 3.4. The didactic concept as applied throughout the programme is in line with the programme aims and final qualifications of the programme. The teaching methods correspond to the didactic philosophy of the programme.

Criterion 3.5. Students are assessed in an adequate, meaningful and insightful manner by means of evaluations, tests and examinations, to determine whether the learning objectives or parts thereof have been achieved.

Criterion 3.7. The credit system allocated to the programme is expressed in ECTS

Criterion 3.9. International exchange of staff and students is facilitated.

Criterion 4: Students and Graduates

The programme has policies and procedures on student recruitment, enrolment, support and follow-up which are assessed and revised regularly.

Criterion 4.1.(1) The programme has clearly defined admission criteria and recruiting policies coherent with the aim and objectives of the programme.

Criterion 4.3. The institution provides accessible counselling services for personal, academic and professional development of students.

Criterion 5: Human Resources and Staffing

The profile of teaching and support staff is appropriate to the provision of the stated programme aim and final qualifications of the programme and its continuous development. The tenure, promotion and recruitment policy of the programme is consistent with the institutional recruitment regulations and procedures and with the aim and objectives of the programme.

Criterion 5.1.(1) There is a central core of academically qualified teaching staff dedicated to the programme.

Criterion 5.1.(9) The workload of teaching staff is balanced between teaching (including curriculum and material development and student guidance), administration, research and service.

Criterion 6: Supportive Services, Budgeting and Facilities

The accommodation, budget and facilities are adequate to realise the programme aims, final qualifications and learning objectives in line with the educational methodology in an effective and efficient way.

Criterion 6.1. The programme has financial resources sufficient to support its stated aims, final qualifications and learning objectives.

Criterion 6.2.(1) Library learning resources are provided for students and staff with sufficient access to these resources.

Criterion 6.2.(2) The school holds online journal subscriptions to support up-to-date relevant health literature searches, databases and online educational material.

Criterion 7: Internal Quality Management

There is an internal system for assuring quality and supporting policy development, decisions, and actions.

Criterion 7.1. An operational internal quality management system is in place, broadly inclusive of staff, students and stakeholders.

Criterion 7.2. There is continuous data collection and analysis that assures necessary modifications in the learning objectives, the content of modules, staffing, and pedagogical approaches. Results of analysis are relayed accordingly to senior management, staff and students.

PART C: Your Needs For Improvement

We would now like to ask for your perceived needs. Below are the 7 categories used throughout this questionnaire with an addition of an open question. We would like you under each category, if possible, to tell us about areas in which your school/programme could improve or would benefit from assistance and why (3 maximum per category). For example, if a perceived need was for faculty development in a specific subject area or skills training it would go under criterion 5 "*we require faculty training in epidemiology, pedagogic skills etc.*" This information will be used by ASPHER to approach funders for activity to service your needs.

Criterion 1: Governance and Organisation of the Programme	1. 2. 3.
Criterion 2: Aims and Objectives of the Public Health Programme	1. 2. 3.
Criterion 3: The Curriculum	1. 2. 3.
Criterion 4: Students and Graduates	1. 2. 3.
Criterion 5: Human Resources and Staffing	1. 2. 3.
Criterion 6: Supportive Services, Budgeting and Facilities	1. 2. 3.
Criterion 7: Internal Quality Management	1. 2. 3.
Other areas not mentioned above	1. 2. 3.

Thank you

That's it! We hope the questionnaire wasn't too hard and was also entertaining to complete and we would like to express our sincere gratitude for your help and time in completing this questionnaire.

- If you would like to receive news from this project please enter your email here and press submit (*your email, will not be connected in any way with the answers you have provided, will not be shared to third parties, will only be used for news from this project*)

APPENDIX B. REFINED REGION CLASSIFICATION

Country based on adaption of united nations population division, Department of Economic and Social Affairs World Population Prospects: The 2012 Revision: classification of countries by major area and region of the world classification ^{xv}

<i>Central & Eastern Europe</i>	<i>Northern Europe</i>	<i>Southern Europe</i>	<i>Western</i>
Albania ^c	Britain	Andorra	Austria
Belarus ^a	Channel Islands	Gibraltar	Belgium
Bosnia and Herzegovina ^c	Denmark	Greece	France
Bulgaria ^a	Faeroe Islands	Israel	Germany
Croatia ^c	Finland	Italy	Liechtenstein
Czech Republic ^a	Iceland	Malta	Luxembourg
Estonia ^b	Ireland	Portugal	Monaco
Hungary ^a	Isle of Man	San Marino	Netherlands
Latvia ^b	Norway	Spain	Switzerland
Lithuania ^b	Sweden		
Montenegro ^c			
Poland ^a			
Republic of Moldova ^a			
Romania ^a			
Russian Federation ^a			
Serbia ^c			
Slovakia ^a			
Slovenia ^c			
The former Yugoslav Republic of Macedonia ^c			
Ukraine ^a			

NOTES

- a. Originally in Eastern Europe classification
- b. Originally in Northern Europe classification
- c. Originally in Southern Europe classification

APPENDIX C. APHEA ELIGIBILITY CRITERIA

CORE SUBJECT AREAS	CURRICULUM CONTENT
Introduction	Introduction to public health
Methods in public health	<ol style="list-style-type: none"> 1. Epidemiological methods, 2. Biostatistical methods, 3. Qualitative research methods, 4. Survey methods
Population health and its determinants	<ol style="list-style-type: none"> 1. Environmental sciences (including physical, chemical and biological factors), 2. Communicable and non-communicable disease, occupational health, 3. Social and behavioural sciences, 4. Health risk assessment, 5. Health inequalities along social gradient
Health policy, economics, and management	<ol style="list-style-type: none"> 1. Economics, 2. Healthcare systems planning, 3. Organisation and management, 4. Health policy, financing health services, 5. Health programme evaluation, 6. Health targets
Health education and promotion	<ol style="list-style-type: none"> 1. Health education, 2. Health promotion, health protection and regulation, 3. Disease prevention
Other/Cross-disciplinary themes (mandatory and/or elective courses)	<ol style="list-style-type: none"> 1. Biology for public health, 2. Law, 3. Ethics, 4. Ageing, 5. Nutrition, 6. Maternal and child health, 7. Mental health, 8. Demography, 9. IT use, 10. Health informatics, 11. Leadership and decision-making, 12. Social psychology, 13. Global public health, 14. Marketing, communication and advocacy, 15. Health anthropology, 16. Human rights, 17. Programme planning and development, 18. Public health genomics, 19. Technology assessment
Internship/final project resulting in thesis/ dissertation/ memoire	Supervised by faculty (full time and/or adjunct)

APPENDIX D. REMAINING NEEDS FROM QUANTITATIVE SURVEY

Governance, coordination and planning (operational and strategic) - expressed needs

1. More synergy between different programs at the university
2. More support from the University hosting the programme
3. To improve the shared vision of the programme
4. For (specific programme title): more operational academic committee
5. We need to establish efficient formal mechanism for involvement of students in decision-making process and management of the programme
6. The MP Public Health and Health Management has been accredited by the NAEA as part-time programme in 3 semesters. From October 2012 the programme has been transferred to distant learning system within a project and now many new requirements to the governance and organisation of the programme appeared and we work hard to meet them.
7. We need better capacity in operational planning besides assistance of strategic plan
8. Improve coherence and homogeneity of standards between Institutions
9. Integration of the programme in a national public health strategy
10. Better definition of different levels of objectives (general operation knowledge, skills..)
11. The aims and objectives require to reflect better the progress in interdisciplinary areas close to the public health.
12. Continuous improvement for better integration between institutions
13. Better coordination between different subject and areas of teaching
14. Integrate the students into Health and Social Services Units during this programme
15. Different models of getting optimal input from staff that mostly works for the program part-time (in addition to other responsibilities)
16. Administrative coordination
17. Better integration of Public Health Programmes in the country
18. CE - Continuing education should be developed on more regular basis as it is source of income for SPH however existing incentives for staff are poor so they do not wish to organize CE.
19. We need better opportunities for organized involvement in different projects not only at individual level as it is now.
20. Experience sharing re students' and graduates' involvement/participation in the Programme's development
21. To strengthen students' participation " " involvement in the management of the programme

Exchange of faculty and students - expressed needs

1. International exchanges with other similar programs
2. To increase mobility of teaching staff and students
3. International exchange -mobility of staff and students is necessary to be promoted and strengthened with ASPHER support. (development of partnerships and networking availability of different exchange universities programs etc)
4. We would like better facilitation in student exchange between European universities.
5. International exchanges
6. To find ways and opportunities for foreign students (neighbouring countries Russian speaking) to study [Country]
7. Students are only [Country] as the programme is taught in [Country language] .
8. Avoid discrimination by country of origin when setting up recruiting procedures.
9. We would like to offer more scholarship opportunities to our international students.
10. Interchange of Students and Graduates in trainings
11. Increasing international exchange of teachers.
12. prof. exchange
13. invited lecturers from international partner institutes
14. guest lecturers data base for common research projects and research interests
15. lecturer exchanges
16. Enlarge students mobility
17. student exchanges
18. Increasing international exchange of students.

Pedagogy - expressed needs

1. More effective incentives to mobilise students to teach themselves.
2. More problem based learning
3. Assistance in development an overarching didactic philosophy
4. Investing in new learning methods
5. We would like to know about various forms of student participation in the organisation/and as tutors in teaching
6. Assistance in development a coherent competence framework (according to the needs assessment)
7. Help in devising new methods for students evaluation

Quality management (inc needs assessments) - expressed needs

1. To improve the engagement of the school executives in the internal quality management
2. Quality management
3. Clarification of skills and competences in occupational positions taken by our graduates
4. Adapt to de future needs of the PH Professionals
5. Maybe to develop standard tool for needs assessment (of public health workforce) for all PH schools
6. More systematic data on careers/employment paths
7. Keeping stronger links with Alumni
8. We need to establish better data base about students and possibility to approach them in evaluation after they start to work.
9. We need evaluation of faculty competence
10. Here the works are in progress to design a system
11. larger participation by students in the evaluation procedures
12. Internal system for assuring quality and supporting policy development should be further strengthened.
13. Development of an internal quality management system



Public health Education Reform For Equity in Quality of Training: "PERFEQT"

Project co-funded by the Lifelong Learning Programme

REVISED PROTOCOLS FOR SITE VISITS

This qualitative site visit has four principal objectives

- *To understand any areas of the school needs collegial assistance with*
- *To understand the willingness to undergo accreditation and what areas to focus upon*
- *To understand the motivation for undertaking, or alternatively, not undertaking accreditation*
- *To understand ways in which your school could help other schools.*

"This is not accreditation visit but should be seen more as a quality enhancement tool. The majority of recommendations made throughout this visit are based upon the evidence provided from the meetings conducted with staff and students and stakeholders."

SELF-ASSESSMENT

Documents and materials to be provided as part of a minimal self-assessment

Criterion 1.1.	<ol style="list-style-type: none"> 1. What is the exact title of the degree in national language / in English 2. What body holds the authority for degree awarding powers (eg the State, the parent University, an accreditation agency or other stakeholder body or the institution itself) 3. Date of licensing, - For how long . 4. Date of accreditation - For how long
Criterion 1.2.	<ol style="list-style-type: none"> 1. Organogram including <ul style="list-style-type: none"> • governing bodies, • committees, • Roles and responsibilities • To include internal and external if unit is not stand alone
Criterion 1.6.	<ol style="list-style-type: none"> 1. website, brochures, publicity material
Criterion 2.1.(1)	<ol style="list-style-type: none"> 1. Mission statement 2. What are its aims of the programme?
Criterion 3.1.	<ol style="list-style-type: none"> 1. Curriculum outline including modules and credit allocation including core and elective elements.
Criterion 3.5.	<ol style="list-style-type: none"> 1. Assessment : Impression from a sample of exam or other assessment questions
Criterion 4.1.(1)	<ol style="list-style-type: none"> 1. Documents and/or description of the school admission policies
Criterion 4.3.	<ol style="list-style-type: none"> 1. Brief description of counselling services for personal, academic and professional development of students.
Criterion 5.1.(1)	<ol style="list-style-type: none"> 1. How many full-time members are directly working for the programme ? 2. What is the profile of the faculty in terms of expertise, academic qualification, teamwork- and organisational experience etc. ? 3. Percentage of teaching carried out by different departments within the programme?
Criterion 7.1.	<ol style="list-style-type: none"> 1. Is there an internal quality management system (IQMS)? 2. If yes, what is the name of this unit and who are the members?

DIRECTOR	
Criterion 1.7.	1. Please describe the faculty / student / stakeholder / employer participation and roles in governance, as well as in formal academic organisations
Criterion 2.1.(1)	1. Why was the programme initiated? 2. How are staff and students made aware of the aims of the programme

DIRECTOR/MANAGEMENT	
Criterion 3.4.	1. Does the programme use staff from various disciplines and professions relevant to public health? 2. Are there formal policies for the training processes used?
Criterion 3.9.	1. Is there international exchange of faculty? <ul style="list-style-type: none"> • If so please give details and how the policies at the school / programme facilitate this. 2. Number of faculty members working abroad for purposes connected with the programme.
Criterion 5.1.(1)	1. What is the student–staff ratio within the programme per academic year?
Criterion 6.1.	1. Where do your main sources of income for the programme derive? 2. Are these sufficient and constant enough to be able to plan over a five year period?
Criterion 7.1.	1. Are there any examples of changes made as a direct result by the operations of the IQMS (NAME TO BE REPLACED BY ACTUAL NAME OF QMS COMMITTEE)?

PROGRAMME COORDINATOR / GROUP	
Criterion 1.4.	1. Please could you describe your function as programme director / coordinator
Criterion 2.4.	1. How does the programme ensure that staff are aware of the latest developments in their field?
Criterion 3.4.	1. What type of training processes are used in the programme?
Criterion 3.5.	1. What are the procedures used to monitor and assess student progress in achieving the learning objectives? 2. What are the appeal mechanisms for assessment? 3. Are tests, evaluations and examinations organised and supervised by a Committee of Examination?
Criterion 4.3.	1. What Information is given to the students about career developments and available positions in the public and private sector?
Criterion 7.1.	1. Who does the IQMS (REPLACE WITH NAME) formally report to? 2. How does the IQMS function in terms of changes to the programme? 3. What and how are internal and external stakeholders included in the operations of the IQMS?

FACULTY REPRESENTATIVE	
Criterion 1.7.	1. Please describe your role in governance/membership of formal academic bodies connected with the programme

FACULTY	
Criterion 2.1.(2)	1. What are the programme aims? 2. How are you made aware of them
Criterion 2.4.	1. How are you made aware of the latest developments in your field?
Criterion 5.1.(1)	1. Do you feel that your overall skills are sufficient to realise your academic work load?
Criterion 5.1.(9)	1. Do you feel your work distribution is balanced and achievable? 2. What changes to your workload would you like to see? 3. Does your workload allow sufficient time for tutoring and counselling of students? 4. Are you presently involved in any research activities? 5. Are you presently involved in any service activities?
Criterion 7.1.	1. How are you as a member of faculty included in internal quality management systems (REPLACE WITH NAME) of the school? 2. Do you feel that your input is sufficiently represented through this system? 3. Are you provided with feedback by the IQMS?

LIBRARIANS	
Criterion 6.2.(1)	1. How does school / programme evaluate the support provided to individuals by the library facilities? 2. Are there guidelines for users available? 3. What are the opening times of the library? 4. Are there any areas you would to change or improve?

COMPUTER DEPARTMENT / LIBRARIANS	
Criterion 6.2.(2)	1. What policies are in place to acquire online subscriptions? 2. What access to online subscriptions is given to the students, can they for example, gain access from home? 3. Do you consider the facilities sufficient for the required usage of students? 5. Are there any areas you would to change or improve?

STUDENT REPRESENTATIVE IN GOVERNANCE	
Criterion 1.7.	1. Please describe your role in governance/membership of formal academic bodies connected with the programme

STUDENTS	
Criterion 2.4.	1. How much do you feel the programme provides you with - the latest developments in scientific evidence and - up-to-date techniques for responding to the population's health needs and demands
Criterion 6.2.(1)	1. How often do you use the library? 2. Are the resources available in the library sufficient to support your studies?
Criterion 6.2.(2)	1. Do you feel that there are sufficient online material and subscriptions available to support your studies?
Criterion 7.1.	1. Have you as a student ever been asked for your feedback on: <ul style="list-style-type: none"> • The content of training research • the didactic method of training • assessments 2. Do you feel that your input is sufficiently represented or listened to through this system? 3. Are you provided with feedback by the IQMS?

STAKEHOLDER / EMPLOYER	
Criterion 1.7..	1. (if included) Please describe your role in governance/membership of formal academic bodies connected with the programme
Criterion 2.4.	1. To what extent does the programme meet your needs in terms of : <ul style="list-style-type: none"> • Staffing <ul style="list-style-type: none"> ○ new & ○ existing • Technical assistance 2. What other areas does (or does not) the programme meet your needs?
Criterion 7.1.	1. Have you ever been involved or asked for your views and comments about the quality or relevance of the programme or students? 2. If so, were you given any feedback of your input? 3. If not, are there any areas in which you feel the quality or relevance of the programme and students might improve?

Turning the tables

What areas would you like to see ASPHER and its constituent members be of assistance or help to you and your school?

What areas do you feel your school could be of assistance to other schools?

ELECTRONIC REFERENCES

- ⁱ <http://ceph.org/accredited/> (last accessed 08.08.2013)
- ⁱⁱ <http://ec.europa.eu/education/policies/educ/bologna/bologna.pdf> (last accessed 08.08.2013)
- ⁱⁱⁱ http://www.bologna-bergen2005.no/Docs/00-Main_doc/030919Berlin_Communique.PDF (last accessed 08.08.2013)
- ^{iv} www.aphea.net (last accessed 09.08.2013)
- ^v <http://www.eapaa.org/> (last accessed 27.07.2013)
- ^{vi} <http://www.ceph.org/> (last accessed 27.07.2013)
- ^{vii} <http://www.wfme.org/accreditation>(last accessed 27.07.2013)
- ^{viii} http://www.oaq.ch/pub/en/01_00_00_home.php(last accessed 27.07.2013)
- ^{ix} <http://www.efmd.org/index.php/accreditation-main/epas>(last accessed 27.07.2013)
- ^x <http://www.enqa.eu/>(last accessed 27.07.2013)
- ^{xi} <http://www.wasc.ucla.edu/Standards-and-Criteria.pdf>(last accessed 27.07.2013)
- ^{xii} <https://www.efmd.org/accreditation-main/equis>(last accessed 27.07.2013)
- ^{xiii} www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/guidelines06.pdf (last accessed 27.07.2013)
- ^{xiv} <http://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD> (last accessed 04.07.2013)
- ^{xv} http://esa.un.org/unpd/wup/CD-ROM_2009/WPP2009_DEFINITION_OF_MAJOR_AREAS_AND_REGIONS.pdf (last accessed July 2013)
- ^{xvi} <http://www.aspher.org/forms/quest12> (last accessed 04.07.2013)
- ^{xvii} http://www.euro.who.int/__data/assets/pdf_file/0011/199532/Health2020-Long.pdf
- ^{xviii} <https://www.gov.uk/recognised-uk-degrees> (Accessed 27.07.2013)
- ^{xix} <http://www.enqa.eu/files/Statutes%20of%20ENQA%2007.10.2011.pdf> (last accessed 09.08.2013)
- ^{xx} http://ec.europa.eu/education/lip/doc/call13/fiches_en.pdf (last accessed 09.08.2013)
- ^{xxi} www.euro.who.int/__data/assets/pdf_file/0007/152683/e95877.pdf (last accessed 27.07.2013)
- ^{xxii} <https://sharepoint.louisville.edu/sites/sphis/cbg/acs/Shared%20Documents/Accreditation%20Resources/Sample%20Self-Study%20Documents/Sample%20Report--Johns%20Hopkins%20University%20School%20of%20Hygiene%20and%20Public%20Health/JH%20Criterion%20Five.pdf> (last accessed 09.08.2013)

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