SITE VISIT REPORT FOR

THE PROGRAMME ACCREDITATION REVIEW
OF THE

Bachelor and Master in Public Health

Medical University of Bialystok
Bialystok, Poland

Site Visit Report

EXECUTIVE SUMMARY

14.12.2021

AGENCY FOR PUBLIC HEALTH EDUCATION ACCREDITATION
(Hybrid) SITE VISIT DATES: 27th to 29th September, 2021

SITE VISIT REVIEW TEAM:
Mr Tom Kuiper (chair onsite)
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Executive Summary

The site visit team (hereafter referred to as "the Review Team") would like to thank all those involved with the site visit and for the preparation of the self-evaluation documentation (SED).

Criterion I: Governance and Organisation of the Programme

The development of the programmes in Bialystok, resulted from the changes that took place as part of the Polish Healthcare system reforms in 1999. Both the Bachelor and Master programme were established in 2000 beginning with specialisations in Dietetics and Emergency Medicine through the Medical University of Bialystok (previously entitled the Medical Academy of Bialystok). Both Programmes are accredited by the national accreditation agency PKA (Polska Komisja Akredytacyjna).

The Review Team were informed that student admission numbers were reducing and in part this was understood by the interviewees as a result of a lack of understanding about the career possibilities available to graduates. Attempts had been made to remedy this, for example renaming the Public Health programme to Epidemiology and Public Health to be more attractive and benefit from the increased exposure during the pandemic.

The programmes and school were also found to have strong regional representation in research and education which included a healthy presence in the local media. The visiting Review Team would encourage the school and programmes to build on these strong local links with regard to communication and outreach to the local environment to promote and market the programmes. Furthermore, the school should facilitate students to perform a SWOT analysis of the position of the school and its programmes within the Polish public health landscape. By doing so, the school should aim to identify the programmes' unique selling points for promotional activities to students from other parts of Poland and beyond.

Criterion II: Aims and Objectives of the Public Health Programme

Last year in 2020, the name of the Bachelor Public Health programme was changed to Public Health and Epidemiology which had seen an immediate impact through an increase of enrolments from 12 students the previous year to 21. The programmes and the school are clearly embedded in the city and region. At national level with the National Institute of Public Health, Ministry of Health and National Institute of hygiene. At the local level with the National Health Services, local government, hospital and labs as well as the local primary health care

sector. Although the school has been involved with some European research they were constantly looking for additional international cooperation activities.

The programmes have clearly responded to changes in the external environment through areas such as the introduction of telemedicine, e-health as well as integrated and cross-border care. Changes made by the programmes as a result of the SARS-Cov-19 pandemic included the adoption of new learning environments such as, blackboard and a Polish e-platform. This allowed the programmes to seamlessly run during the pandemic and students had appreciated this.

Criterion III: The Curriculum

The curricula consist of 53 mandatory and 28 elective modules for the Bachelor and 27 mandatory and 20 electives for the Master. Within the bachelor these were presented as two tracks, A and B which didn't appear to lead students to a particular specialisation or named degree. For example, a Bachelor Public Health (epidemiology) or Bachelor Public Health (management). As a result, the school may consider reducing the number of modules within the Bachelor by merging the smaller ones to larger modules. This should be achieved whilst ensuring competences and learning outcomes that fit together logically within the new larger modules. For example, the Bachelor programme could consider grouping elective modules into specialisations that are configured, these specialisations could lead to an endorsed route on the degree, such as Bachelor of Public Health (Health Promotion). Alternatively remove the need for specialisations if smaller modules are consolidated into one single programme structure.

The programmes were clearly seen to contain protection and prevention in the curricula but promotion and intervention were less clear. There was seen to be a good theoretical knowledge provided to students and more opportunities to develop practical skills for employment would provide a more rounded 'work ready' graduate. The school should consider further increasing the attention towards social, personal, and communication skills. In addition, the programmes could look toward increasing student outreach work of working within the community. This could be achieved through using existing Alumni networks. It would also create other benefits too such as marketing opportunities and routes to employment for graduates.

Both the Bachelor and Master programmes were considered to be highly quantitatively based and students were not perceived to be given sufficient opportunity to engage with qualitative research. The school and faculty were aware of this and the Review Team would advise the

school to ensure qualitative methods are more prominently featured in module learning outcomes and content.

The Medical University of Bialystok participates in various EU Erasmus programmes established to facilitate international student mobility within the Bachelor and Master Programmes. Incoming students are provided with services from the Welcome Centre within the University. The University has concluded over 50 bilateral cooperation agreements with foreign institutions although Public Health students do not currently have access to this opportunity. One avenue the school may consider is using the range of bilateral cooperation agreements as part of a new elective (specialisation) on international health within the Bachelor. This elective could include exchange as part of its objectives and thus increase the level of mobility in the programme. This would also support the University's internationalisation strategy.

Criterion IV: Students and Graduates

The majority of Master students arrive from the Bachelor Public Health cohorts with up to 60% coming from the Bachelor's and the remaining 40% deriving from related disciplines that often do not have masters programmes. The entrance requirements had caused an issue with some of the interviewees who explained that for Public Health there were lower standards and hence lower perceived value than other programmes within the medical school.

Students interviewed were specifically asked whether the programme of study had provided them with a realistic picture and the career prospects afterwards. It was found that there was a lack of knowledge as to what careers were in place after graduation. It remained unclear if the school was actually in possession of career data. This does not imply however, that faculty are unaware of the activities of alumni. There is an informal limited) Facebook page for alumni and this is complemented by informal knowledge and ad-hoc alumni activities. Therefore the Review Team advises that the school focus immediate and concerted attention on formalising the external network of alumni who wish to remain connected. To begin with, the school and programmes should aim to understand and reflect alumni career trajectories. This should be used to build up a body of knowledge concerning, among other areas, career paths and promotion, job opportunities, vacancies and competency usage. The alumni should be used for testimonials to demonstrate to prospective students the use and career potential of the public health graduates and their degrees. These testimonials should ideally be in an approachable video format, if not using a photo and text, clearly outlining the career prospects after graduation. Testimonials should be made available through the website or social media. Alumni should also be invited to take part in the SWOT analysis recommended in Criterion 2.

Criterion V: Human Resources and Staffing

The programmes were found to employ year coordinators which was considered a positive contribution to day-to-day programme management. The Review Team would encourage the school to empower the faculty and give their programme coordinators a broader mandate which is further supported by the year coordinators. The role of the programme coordinators should also include increased responsibilities within the quality management system of the programmes.

During the site visit, the positive relationship between the faculty and students became apparent. However, as the programmes and school grow, the sustainability of this relationship will be brought into question. As such, the school should consider again the "Community of learning" approach where the teachers can remain first point of call but students are supported and directed in finding the right sort of help by back-offices. This will not only help students but relieve pressures on faculty workload.

Criterion VI: Supportive Services, Budgeting and Facilities

The Review Team on site had the possibility to visit the facilities which were found to be of a high quality. The school and programmes are encouraged to ensure that they promote the quality of their facilities as a unique selling point. Students were asked about the resources at the school and were positive in their replies. Usually, orientation took place at the beginning of the year but due to SARS-Cov-19 induction sessions were convened through video. Students also mentioned that they had opportunities to make suggestions as to what can be included in the library.

Criterion VII: Internal Quality Management

The Review Team had enquired over the dual committee structure encompassing two units of a similar name and reach. Firstly, there was the "Commission" for the Assurance and Improvement of the Quality of Education but also a "Team" for the Assurance and Improvement of the Quality of Education. The school emphasised that it was not necessary to have two units which includes some overlap and that in future there will only be one (the team) and the commission to be disbanded.

The programmes were advised to ensure feedback loops were closed as part of PDCA cycle. At the same time the advice is to bring the responsibility for the quality of the programme back to where it is accounted for at the programme coordinator and year coordinators level.

Summary of Conclusions

Criterion I: Governance and Organisation of the Programme	
Sub – Criterion 1.1	Met
Sub – Criterion 1.2	Met with comments
Sub – Criterion 1.3	Met
Sub – Criterion 1.4	Met
Criterion II: Aims and Objectives of the Public Health Programme	
Sub – Criterion 2.1	Met
Sub – Criterion 2.2	Met
Sub – Criterion 2.3	Met
Sub – Criterion 2.4	Met
Criterion III: The Curriculum	
Sub – Criterion 3.1	Met with comments
Sub – Criterion 3.2	Met with comments
Sub – Criterion 3.3	Met
Sub – Criterion 3.4	Met
Sub – Criterion 3.5	Met with comments
Sub – Criterion 3.6	Met
Sub – Criterion 3.7	Met
Sub – Criterion 3.8	Met
Criterion IV: Students and Graduates	
Sub – Criterion 4.1	Partially Met
Sub – Criterion 4.2	Met
Sub – Criterion 4.3	Met with comments
Sub – Criterion 4.4	Not Met
Sub – Criterion 4.5	Met
Criterion V: Human Resources and Staffing	
Sub – Criterion 5.1	Met
Sub – Criterion 5.2	Met
Criterion VI: Supportive Services, Budgeting and Facilities	
Sub – Criterion 6.1	Met
Sub – Criterion 6.2	Met
Sub – Criterion 6.3	Met
Sub – Criterion 6.4	Met
Criterion VII: Internal Quality Management	
Sub – Criterion 7.1	Met with comments
Sub – Criterion 7.2	Met
Sub – Criterion 7.3	Met
Sub – Criterion 7.4	Met